



Family Connections Counseling Services, LLC
Penny L. Sprecher, Ph.D.
Clinical Psychologist

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INFORMATION ON FEES AND SERVICES

Dear Patient:

The initial appointment/evaluation fee for psychotherapy (90791) is \$150. Subsequent psychotherapy appointments (90834) is \$100 per session. The treatment session is for 50 minutes. A session lasting longer than 50 minutes (90837) will be billed at \$125 per session. Psychological evaluation (96101) is \$90 per hour, with the average number of hours for an evaluation being about 6 units. When applicable, consultations (90801) involving court cases, inpatient hospital visits, contact with other professionals, and extended telephone counseling are billed at \$125 per hour. **If you have insurance we will bill these fees to your insurance company.**

Co-payments are due at the time of service, unless other arrangements have been made (eg: payment due within 30 days of receiving a statement). If necessary, charges will be made for returned checks, collection, and/or legal fees.

Broken appointments are a loss to everyone, as there is often a waiting list for appointment times. A 24 hour notice is requested if an appointment will not be kept. Cancellations made less than 24 hours in advance or failed appointments are \$50 for a psychological evaluation appointment and \$35 for psychotherapy/follow-up appointment. This fee is not billed to or paid by insurance companies. Payment for these appointments will also be due within 30 days of the bill and cannot be accumulated on a payment plan.

Detailed written reports are not paid for by your insurance company, and therefore are not always generated. If a written report is needed, please make sure that Dr. Sprecher is aware of this at the final appointment. In this case, a summary of your test results will be dictated. Reports are provided after the account has been paid. Verbal feedback is always given at the final appointment with Dr. Sprecher.

I have read and understand the information on fees and services above.

Signature
(if minor - parent or guardian)

Date