

Melanie M. Stoudt, LPC
5318 Patterson Avenue, Suite C
Richmond, Virginia 23226

PAYMENT POLICY

The following fee schedule applies:

Initial Assessment (60 min) - \$150	Court Appearance - \$200/hour (min. 4 hours)
Individual Therapy (60 min) - \$125	Phone /Electronic communication- \$125/hour
Late Cancellation/Missed Appointment Fee - \$75	

Please note the following:

1. If you choose to use insurance (I accept Anthem Blue Cross/Blue Shield and Healthkeepers), I will gladly file with your insurance company. Any co-pay, co-insurance, or deductible is due at the time of service. However, you are ultimately responsible for any charges that are not covered. Additionally, it is your responsibility to notify me of any insurance or policy changes in advance. Only check or cash is accepted when using insurance.
2. If you choose to use out-of-network benefits, I will gladly provide any documentation necessary for you to file a claim.
3. A minimum of 24-hours is required to cancel an appointment. If an appointment is cancelled less than 24-hours or is missed without cancelling, a charge of \$75 will result. These charges cannot be filed with insurance companies.
4. **Verbal, written, or electronic communication outside of a scheduled session will be billed at a \$125/hour pro-rated fee, including, but not limited to, communication with authorized parties associated with your treatment, communication (beyond appointment scheduling) by text, email or phone, letters sent to third parties, record review, completion of disability or inpatient documents, reports, and duplication of records.** These charges are not reimbursed by insurance companies.
5. You will be responsible for any and all administrative and incidental expenses associated with the duplication, transmission, and delivery of treatment records and other documentation associated with your treatment.
6. In the case of divorced parents, the parent(s) legally responsible for the payment of the child's medical expenses will be charged. However, if the legally responsible parent is not making payments, the parent arranging for my services will be responsible for payment.
7. Court appearance fees are due one week in advance of the court date. If a court date is cancelled with less than three business days' notice, a fee of \$250 will be charged. Court hours include preparation and travel time.
8. There is a \$30 fee for returned checks.
9. A 4% service charge will be assessed for any balance due over 90 days. If arrangements are not made for payment, overdue bills will be turned over to a collection agency. A 25% fee may be charged in addition to the balance due.

Acknowledgement: I have read and agree to the above payment policy and related terms.

Signature of Responsible Party

Date

Witness

Rev. 3/19