

Sarah McElroy, PhD, LCP
C2 Your Health

Professional fees:

- The fee for the **Initial Evaluation** is \$150.00
- The fee for a 45-50 minute **therapy session** is \$125.00
- The fee for **sessions exceeding** 45-50 minutes will be assessed according to the amount of additional time spent in the session. Insurance companies may cover additional time beyond the 45-50 minutes, but if they do not, the additional time must be paid out of pocket.
- The fee for a **missed appointment** is \$75.00. A minimum of a 24-hour notice is required to cancel an appointment. Failure to cancel within this time or missing without canceling an appointment will result in a charge of \$75.00 for which you are responsible. Fees for a missed appointment cannot be filed with your insurance company and will be billed to you in full.
- There is no charge for brief **telephone calls**. Telephone calls that last longer than 10 minutes will be pro-rated and billed at the regular hourly therapy rate.
- Any **request for written document** (e.g., letter, completing a form) will be charged at a pro-rated amount of \$100.00 per hour, with a minimum of \$25.00.
- The fee for any requested **court testimony** regardless of whether the clinician is served a subpoena or requested by one of the parties is a minimum of \$1,200.00 for one half day (up to four hours) and \$2,500.00 for an entire work day. This includes time for preparation and transportation. Additional fees may be assessed if travel outside of the immediate area is required. In the event that a deposition or hearing is canceled less than 3 business days in advance, a charge of \$250.00 will be assessed. Depositions or hearings cancelled with less than 24 hour notice will be assessed the full fee as mentioned above. Responsibility for the payment in full for any requested court testimony is ultimately yours regardless of who issued the subpoena.
- **Payment is due at the time of service** for your portion of the bill. This includes any portion of the bill that is not covered by the insurance company. We ask that prior to beginning services, you contact your insurance company to obtain any needed pre-authorizations and/or referrals. It is your responsibility to contact your insurance company to obtain information regarding the portion of the bill that you are responsible for. Payment in full of your co-pay is due at the time of service. We prefer that payment be made in the form of cash or check. We also accept most major credit cards as forms of payment. You are ultimately responsible for payment of all charges on your account even if your insurance company denies the claim or otherwise refuses to reimburse the charges. To avoid unexpected charges, we ask that you verify your coverage and note any restrictions or limitations prior to beginning treatment.
- The fee for **copying medical records** is 25 cents per page. If the records exceed 50 pages, an additional fee of 25 cents per page for 50 or more pages is assessed. If the records exceed 100 pages, a processing fee of \$10.00 is assessed.
- There is a \$35.00 charge for all **returned checks**. You are responsible for these charges.

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Please Note: When Dr. McElroy is unavailable, you may leave a message on her confidential voicemail. Every effort will be made to return your call within 24-48 hours, with the exception of weekends and holidays. In emergencies, call 911 or go to the nearest emergency room.

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