



Service Contract / Fee Agreement

1. This will confirm our agreement during your first visit regarding payment and guidelines of treatment through your insurance. You are responsible to contact your insurance to determine if you have an out of pocket deductible, co-pay, or required authorization for your outpatient mental health services. Should your benefits run out or you do not renew your insurance when necessary, you will be held responsible for fees incurred during the lapse in coverage and will be charged to your credit card on file. If you have Medical Assistance and you have a lapse in coverage you are responsible for the amounts rejected by your insurance company. We follow the protocol to turn your account over to collections and you will be responsible for your fees and any fees they charge PDG Therapeutics in the process of collecting unpaid fees. If you obtain new insurance and do not immediately inform the front desk, and provide a copy of the insurance card to re-route the billing for services, you will be held responsible for all fees incurred during the lapse. In the event you change insurances, please be aware that we are in network with **most** major insurances but there may be an insurance we are not in network with, so it is your responsibility to check with your new insurance to ensure we are in network, determine if you have an out of pocket deductible, co-pay, or require authorization for your outpatient mental health services. We do provide a sliding scale for those who qualify to continue services without insurance coverage.
2. If you must cancel a session, please contact the office at least 24 hours in advance at (410) 863-7213. Sessions are scheduled for forty-five (45) minutes and begin depending on how your clinician schedules clients, which varies by clinician. Please be punctual so that all your time is utilized. If you are more than 10 minutes late insurance cannot be billed, and you will need to pay the required \$75 missed appointment fee.
3. Due to limited seating in the waiting area, please do not bring additional children or relatives with you to the office unless they are being treated at the same time by another therapist or are involved in session for the identified client. Children in the waiting room must be supervised at all times and be re-directed if they become loud or disruptive to other clients in the waiting area, the receptionist or interfere with therapy sessions in progress. PDG Therapeutics does not provide childcare services so you will need to make arrangement for childcare before you make appointments with your clinician. Children may not be left unattended in our Waiting Room under any circumstances due to liability issues. Due to confidentiality issues, please do not bring family members, children, friends or any other persons who are not currently receiving treatment at PDG Therapeutics unless you are a parent/guardian/sibling/authorized family member transporting or engaging in part of a family session for a child or adolescent receiving treatment at PDG Therapeutics.

X _____
Printed Name **Client Signature** **Date**

X _____
Therapist/Intake Worker **Date**



p 410.863.7213 f 410.987.3154 www.pdgrehab.com
1110 Benfield Blvd, Suite B, Millersville, MD 21108