## DENNIS PATRICK WOOD, Ph.D., ABPP

Diplomate, American Board of Professional Psychology CAPT MSC USN (retired) PSY 19293 1050 "B" Avenue #B

Coronado, CA 92118 619-437-0355/Fax: 619-437-0533/Cell: 619-992-8586

## CONSULTATION FEE SCHEDULE FINANCIAL AD LEGAL RESPONSIBILITY INFORMATION

To all ents:

The following is information concerning your financial responsibility and concerning my legal and ethical responsibilities. This information is in addition to that information described in my policy statement and in the HIPPA handout. It is important that the following pages be read carefully and thoroughly in order to enhance our understanding and to reduce the possibility of misunderstanding.

1. The fees that I charge for psychological consultation are as follows:

Initial Individual Evaluation and Consultation (45-50 Minutes)	\$300.00
Individual Psychotherapy (45-50 Minutes)	\$200.00
Family or Conjoint Family Psychotherapy (45-50 Minutes)	\$225.00
Family or Conjoint Family Psychotherapy (75 Minutes)*	\$275.00
Psychological Testing (per 60 Minutes)	\$200.00
Preparation of Written Psychological Report or Medical Psychological Forms	
(per 60 Minutes)*	\$200.00
Consultation by phone (per 10 minutes)*	\$35.00
Hospital Consultation (per 30 minutes)*	\$125.00
Preparation of written report for Bariatric Surgery	\$150.00-\$200.00

For consultation services not listed, my consultation fees are available upon request. Of note, (\*) indicates that some consultation services may not be covered or approved for payment by your insurance company. however, if these consultation services are provided and are not paid for or authorized by your insurance company, then the charges for these services are your responsibility.

- 2. Major Medical, TRIWEST, Medicare and Medical insurance coverage is accepted as payment or partial payment for my consultation fees. Where appropriate, preauthorization for evaluation and treatment is your responsibility to obtain prior to the initial evaluation/consultation. Providing my office with a valid and current medical insurance card, and other appropriate identification is your responsibility prior to the delivery of consultation service.
- 3. Your deductible, if applicable, is due during your initial consultation. Your co-payment is due and payable prior to each evaluation/consultation. Your insurance company establishes deductibles and co-payment fess.

4.	am not available or if I don't know directly and ask to speak with the company following your evaluation/	It is completed in the office on behalf of my patients. If I the answer to your billing question, you can call my office billing manager. My office will bill your medical insurance consultation. However, if I or my office experience more of the respective request for payment, then a monthly billing the will be charged to you.	
ņ	\$ per hour; your fee for minute consultation. Your fee for consultations being affected. Regardl insurance benefits are not a pro	ne fee for your initial consultation service is \$; your fee for psychological testing is per hour; your fee for individual psychotherapy is \$ per 45-50 inute consultation. Your fee for other consultations will be discussed prior to these insultations being affected. Regardless of your medical insurance coverage, due to the fact that surance benefits are not a promise of insurance payments, your total fee for your insultation(s) is ultimately your responsibility.	
6.	A 24-hour notice is required to cancel an appointment. If an appointment is cancelled without 24-hour notice and the reason for cancellation is for other than an emergency, then I will charge a \$75.00 cancellation fee.  In accordance with the ethical principles of the American Psychological Association, and according to HIPPA regulations, the information obtained during consultations is confidential and will not be revealed to anyone without your written permission, except as required by law.		
7.			
	I soree and understand this Finan	ncial and Legal Responsibility Statement.	
	Signature	Signature	
	Print Name	Dennis P. Wood, Ph.D., ABPP	
	Date	Date	