

Kevin H. Spicer MD

Child, Adolescent and Adult Psychiatry

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2009 FEE SCHEDULE AND PAYMENT AGREEMENT

- **Adult Initial Evaluation:** This consists of both an initial 55 minute session (\$225) and a second 45 minute session (\$195) follow-up session, review of records, report preparation, correspondence with referring physicians, schools or other agencies as requested, and administrative time.

Total Fee: \$420

- **Child Initial Evaluation:** This includes an initial 55 minute session with the parents alone (\$225) followed by an individual 45 minute sessions with the child (\$195), and a 45 minute feedback session with the parents and child together (\$195). This also includes any necessary review of records, report preparation, correspondence with referring physicians, schools or other agencies as requested, and administrative time.

Total Fee: \$615

- **Individual psychotherapy**
45 minute session **\$195**
- **Family or Couples Therapy**
45 minute session **\$195**
80 minute session **\$280**
- **Medication Management**
20 minute session **\$130**
- **Phone Consultation**
First 10 minutes **No charge**
(during business hours)
Subsequent 15 minutes **\$60**
- **School/Home Visit**
Per hour (including travel) **\$195**
- **Production of requested report or correspondence**
Per Hour **\$195**

FEE AGREEMENT

I understand that all fees are due as stated at the time of services rendered. I agree to accept full financial responsibility for any missed appointments with less than a 48-hour notice. The missed appointment fee is the full fee of the missed appointment and will not be reimbursed by my insurance company. I have carefully read all the terms of the above guidelines and have had the option of discussing any questions or concerns.

Signature of Responsible Party

Date