



FEES AND PAYMENT POLICY FOR FORENSIC SERVICES

Forensic psychological services require a specialized set of skills and knowledge related to the integration of psychology and the law. Such services include evaluation for such issues as:

- Legal Competency
- Criminal Responsibility
- Parenting Responsibility
- SSOSA/SSODA Appropriateness
- SSOSA/SSODA Treatment
- Child Sexual Abuse Victimization

Fees are based on a fifty-minute hour. You are encouraged to inquire about or discuss fees at any time you may have questions. Due to the specialized nature of forensic service, pre-payment is frequently required. There are often charges related to activities that do not involve the client's time or direct knowledge. Billable time includes but is not limited to:

- Phone Consultation
- Therapeutic Sessions
- Reading/Composing Email
- Letter/Report Writing
- Review of Records
- Test Interpretation
- Testimony (4 hour minimum)

Time is billed in 10-minute increments.

It is the policy of Momentum Psychological and Assessment Services that all fees be paid at the time the service is provided. In the event that responsibility for payment is with another person or agency, that responsibility must be clearly established prior to services being provided.

It is rare that forensic services are covered by any type of health care plan. Insurance is designed to assist with health problems, not legal issues. Your insurance is a contract between you and your insurance company. Our relationship is with you not with your insurance carrier. We would be happy to provide a detailed billing summary for you to submit to your insurance company for possible reimbursement.

Large blocks of time are reserved for appointments. Charges will be billed for appointments canceled without 24 hours advance notice.

I understand and agree that regardless of my insurance status, I am ultimately responsible for the balance on my account for any professional services rendered. I have read all the information and have been given the opportunity to ask questions.

Signature of Client or Responsible Party

Date