AUBURN UNIVERSITY
PSYCHOLOGICAL SERVICES CENTER

Billing Policies, Fee Schedule, and Good Faith Estimate

All payments are due at the time services are rendered.
We accept payment by cash, check, or credit card. We do not bill insurance.

You are entitled to receive this "Good Faith Estimate" of what the charges could be for services provided to you. While it is not possible for the AUPSC to know, in advance, how many sessions may be necessary or appropriate for a given person, this form provides an estimate of the cost of services provided. Your total cost of services will depend upon income verification, the number of therapy sessions you attend, your individual circumstances, and the type and amount of services that are provided to you. This estimate is not a contract and does not obligate you to obtain any services from the provider(s) listed, nor does it include any services rendered to you that are not identified here.

This Good Faith Estimate is not intended to serve as a recommendation for services or a prediction that you may need to attend a specified number of visits. The number of visits that are appropriate in your case, and the estimated cost for those services, depends on your needs and what you agree to in consultation with your clinician. You are entitled to disagree with any recommendations made to you concerning your services and you may discontinue services at any time.

Intake Fee
All therapy clients are charged a set fee of $80 for the intake appointment to cover the cost of opening a file and completing the intake interview.

Therapy Fees
Individual and family therapy clients are charged per 50-minute session and the fee ranges from $30-$60, depending on your household income. Your specific fee will be established at the first session, prior to initiating services. Typically, clients at AUPSC are seen once a week for one 50-minute session. In the event that a client and clinician decide to meet more than once a week, the client will be charged the agreed upon therapy fee for each time that they meet. If a client requests a therapy session longer than 50 minutes, then they will be billed for the extended time in 15 minute increments. To maintain active status as a client at AUPSC, payment must be made at the time services are rendered. After 3 consecutive sessions of nonpayment, clients will need to contact the clinic director to reinitiate services. Your final fee will vary slightly depending on session length and frequency.

Therapy fees are determined using the sliding scale provided below. In order to be eligible for the sliding scale, clients will be asked to provide proof of income at their first visit. Examples of proof of income include one of the following: the most recent tax return, disability letter, food stamp letter, or unemployment benefit letter. Although names must be visible on the proof of income document to confirm eligibility, please mark through social security numbers so that they are not visible. Eligibility for the sliding scale will be re-verified annually. In the event that a client does not wish to provide documentation of annual family income, the highest income bracket will be assumed. Proof of income can be emailed to telepsc@auburn.edu

Annual Family Income	Therapy Fee
$70,000 and above	$60 per 50 minute session
$40,000-$69,999	$45 per 50 minute session
Under $40,000	$30 per 50 minute session

Included below are estimated charges for one 50-minute session per week depending on the weekly session fee and the number of sessions rendered.

Number of Weeks	Total estimated charges for 1 session per week
1 Week of Service	Range: $30—$60
13 Weeks of Service (Approx. 3 Months)	Range: $390—$780
26 Weeks of Service (Approx. 6 months)	Range: $780—$1560
39 Weeks of Service (Approx. 9 months)	Range: $1170—$2340
52 Weeks of Service (Approx. 12 Months)	Range: $1560—$3120

You have a right to initiate a dispute resolution process if the actual amount charged to you substantially exceeds the estimated charges stated in this estimate (which means $400 or more beyond the estimated charges based on your individual session fee). You are encouraged to speak with your clinician at any time about any questions you may have.

For more information about your rights and protections, visit:
https://www.cms.gov/files/document/model-disclosure-notice-patient-protections-against-surprise-billing-providers-facilities-health.pdf

Therapy Fee Reductions
If a financial crisis exists (for example, loss of job or loss of housing) that causes a client to be unable to pay their weekly therapy fee, the clinician can discuss the need for a fee reduction with the Clinic Director. With written documentation of financial crisis, the client's therapy fee may be reduced by $15 per session for up to 10 sessions.

Telephone Calls
Telephone calls to clinicians are not an effective substitute for regular therapy sessions and should be limited to emergencies. Telephone calls longer than 5 minutes will be billed at the regular session fee in 15 minute increments.

Other Professional Services
In the event that consultation services are required (for example, with school professionals, psychiatrists, primary care physicians, or previous treatment providers), the client will be billed at the regular session fee in 15 minute increments. Other professional services such as reviewing previous treatment records or conducting school observations will also be billed at the regular session fee (in 15 minute increments). If treatment records are requested, a fee of $20 may be charged to cover the cost of accessing the file, copying the materials, and mailing or faxing the requested documents.

Assessment Fees

- ☐ Full comprehensive psychological evaluations have a preset charge of $650. Half of this fee is due at the initial assessment session, and the other half is due at the feedback session.
- ☐ Other Testing - $_____

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The assessment fee includes all interviews, assessment measures, consultations, one written report, and one feedback session. This fee also includes AUPSC mailing or faxing the written report to one professional of the client's choice. If additional reports are requested, a fee of $20 may be charged to cover the cost of accessing the file, copying the materials, and mailing or faxing the requested documents.

In the event that a full psychological evaluation is not required, a reduced fee can be determined by the Clinic Director on a case by case basis. Assessment measures that are administered as part of therapy without a formal report will be of no additional charge to the normal therapy fee.

Missed Sessions
Therapy clients will be charged up to their regular session fee for missed appointments and for appointments canceled or rescheduled less than 24 hours in advance. Assessment clients will be charged $60 for missed appointments and for appointments canceled or rescheduled less than 24 hours in advance. After three missed appointments in one semester, clients will be considered inactive and will need to contact the Clinic Director to reinitiate services. If clients are more than 15 minutes late for a session, the regular session fee will be charged, and the session will have to be rescheduled.

Payment Options
Clients are expected to pay at time services are rendered. Our payment options include cash, check, online bill pay, Visa, Mastercard and Discover credit cards as well as most debit cards. If services are rendered solely via telehealth, payment is expected to be received prior to the appointment time. Clients can pay for services through our online bill pay option found on our clinic's website, over the phone by contacting the main clinic phone line, or in person at their time of session.

Insurance
The Auburn University Psychology Clinic does not accept insurance. Psychological Graduate students are not contracted providers with any insurance companies.

Your signature indicates that you understand the billing policies and Good Faith Estimate described above and that you have received a copy of these policies.

_____	_____
Client Name	Client Date of Birth
_____	_____
Signature (Patient or Responsible Party)	Date

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