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PAYMENT POLICY, INSURANCE INFORMATION AND CREDIT POLICY

1. All clients are expected to take care of their fees as services are rendered. New clients will be required to provide a deposit of \$100.00 at the time of scheduling the first session. The deposit will be applied to the fee for the first session. Payments by check, cash, or M/C-Visa are accepted. If payment is not received at the time of service, the client will be billed, and a \$5.00 service charge will be added to the cost of the session.

The hourly rate for adult clinical services is \$350.00 including Evaluation, Consultation, Record Review and Report Writing. The hourly rate for child clinical services is \$400.00 including Evaluation, Consultation, Record Review and Report Writing. Psychotherapy rates will be negotiated on an individual basis. Forensic Services hourly rate is \$500.00.

2. Telephone communications of more than 10 minutes will be billed at the hourly clinical rate.
3. Administrative telephone calls which take more than the reasonable time required to schedule, reschedule, or cancel an appointment will be charged at a minimum of \$30.00 for the first half-hour, and \$30.00 for each additional half-hour increment.
4. Clients who carry health insurance should remember that professional services are rendered and charged to the client and not to the insurance company. We are not responsible for collecting or negotiating a settlement on your insurance claim. The detailed statement that you will receive from Dr. Arredondo should be attached to your insurance claim form and filed according to their instructions.
5. In the event you are unable to keep your appointment, please cancel as soon as possible. If this is done at least 24 hours in advance of your appointment, there will be no charge for cancellation. However, if you do not cancel within a 24-hour period or do not appear for your scheduled appointment, you will be billed for an hour of service.
6. Be aware, regarding #2 and #4 that insurance companies will most likely not cover charged telephone calls or missed appointments.
7. There will be a \$25.00 service charge on all returned checks.

If you have any questions or concerns regarding these policies, it is your responsibility to discuss it with our office.

I will pay today by: Cash _____ Check _____ Visa _____ M/C _____

Signature: _____

Date: _____