Michael DiBiasie, Ph.D.
101 A Wind Haven Drive
Suite 202
Nicholasville, KY 40356
859-536-2015

Licensed Psychologist
Adult and Adolescent
Mood, Anxiety and
Addiction Disorders

Fees, Payment, and Cancellation Policy

This office would like to provide you with clear information on our financial procedures and policies. Please discuss any concerns or questions with us.

CPT code #	Description	Fee
90791	Diagnostic interview	125.00
90847	Individual psychotherapy: 55 minutes	120.00
90834	Individual psychotherapy: 45 minutes	110.00
90847	Family psychotherapy	120.00
96101	Psychological testing: per hour	120.00
	Private pay per hour	75.00

After hours call may be accepted. There is no charge for a phone call that lasts ten minutes or less. For telephone consultations that require more than ten minutes, our office charges thirty dollars for each fifteen minute increment or any part of a fifteen minute increment in excess of the initial ten minute period. These fees are due and payable when they are incurred, but must be paid by the time of your next scheduled visit; insurance does not ordinarily pay for telephone consultations. There may be times when you want your counselor to read documents that will help with understanding you. If reading such documents requires extensive time, your counselor will bill you for that time, fees that your insurance company will not pay.

Other charges may apply: If you, or someone else (for example, another counselor or your lawyer), needs a copy of your file or of other records that be legally necessary, our

office charges a reasonable fee for copying, plus postage. If your office is required to provide a verbal report, for example by telephone to your physician or attorney, a ten minute consultation will not be charged. If the consultation exceeds ten minutes, our office will charge thirty dollars for

Initial page 1: _____

each fifteen minute increment of consultation. If our office must produce a written report, the same fee will be billed for the time spent reviewing your file and drafting and publishing the report.

If court testimony or deposition testimony is required, a fee of $ 120.00 per hour, plus transportation costs and preparation time will be assessed. This fee must be paid in advance of the court appearance or deposition.

Cancellation: Due to the nature of this practice, a specific appointment time has been reserved for you. This appointment MUST BE CANCELLED ATLEAST 24 HOURS IN ADVANCE to avoid being charged for the session. You will be responsible for charges incurred due to late cancellations of failing to keep your appointment. Future appointments may not be scheduled until these charges are paid.

Insurance: Your medical insurance may not cover professional fees for your visit. This practice is willing to submit claims on your behalf to your insurance company. On the day of your appointment, it is YOUR responsibility to pay any deductible, copay, co-insurance, or any other balance that will not be paid by your insurance company. If you have secondary insurance, it is your responsibility to file claims with them. Your therapist will provide you a receipt for this.

- I authorize use of this form on all my insurance submissions.
- I authorize the release of requested information to my insurance company.
- I authorize direct payment by my inaurance company to Michael DiBiasie, Ph.D.

- I authorize a copy of this signed form to be used in place of an original copy.
- I understand that I am responsible to pay all charges not covered by my insurance company.

Printed name of client: _____

Signature of responsible party: _____