

### **Contract and Consent for Evaluation/Treatment**

**In consideration for receiving treatment and/or medical/psychiatric service, I/we agree to the following:**

**Fee Payment:** Dr. Henderson sees patients on a fee-for-service basis only. That is, the patient/parent is responsible for payment in full at the time of each session. Dr. Henderson's charge is \$375 for initial 90 minute evaluation, \$250 per 50-minute session, and \$150 per 25-minute session. **Payments are due at the time of service.** Credit card payments are accepted.

**Cancellations:** APPOINTMENTS MADE AND NOT KEPT ARE FULLY BILLED TO YOU, THE PATIENT. YOUR INSURANCE COMPANY WILL NOT REIMBURSE FOR ANY PORTION OF MISSED APPOINTMENTS. CANCELLATION NOTIFICATION MUST BE GIVEN AT LEAST 24 HOURS BEFORE YOUR APPOINTMENT (call 757.708.2149 and leave a message). You have the option of email reminders one week and one day before your scheduled appointment. However, with or without this notification, you are responsible for keeping the appointment or cancelling with at least 24 hours notice.

**Insurance:** Many insurance plans reimburse for some portion of psychotherapy and psychiatric medication management. Please direct questions about reimbursement amounts and timeliness to your insurance company

Dr. Henderson is not contracted (in-network, preferred provider) with any insurer (despite what your insurer may say). He will provide you with a superbill at your appointment that you may submit to your insurance if you choose. Please note that Dr. Henderson does not complete any insurance paperwork.

**Records:** Requests for records are received from various sources. Attention to these requests will only occur if the patient (or patient's parents) complete a signed Release of Information form. Records are copied at \$0.30 per page plus postage (if applicable) and billed directly to you. Please allow three weeks for records requests to be processed.

**Letters:** Letters are often requested by patients (or parents) to be sent to schools, employers, etc. A letter-writing fee is charged for this service, minimum \$25.

**Potter Henderson MD**

3772 Shore Drive, Suite 2, Virginia Beach VA 23455 757.708.2149

Board Certified in General and Child & Adolescent Psychiatry

**Phone calls:** Are welcome. Best efforts are made to respond to these promptly. There is no charge for brief calls. Calls lasting longer than five minutes will be charged directly to you on a prorated basis, minimum \$30. If you have an extreme emergency, please call 911.

You may text regarding logistics: refill requests, checking/scheduling/rescheduling appointments. **do not text clinical questions or crises--these require conversation.**

**Please note practice standards require patients be seen at minimum every three months.**

***I have been informed of, read, and agree to the preceding information.***

\_\_\_\_\_  
patient name

\_\_\_\_\_  
patient signature

\_\_\_\_\_  
guarantor for payment (please print)

\_\_\_\_\_  
relationship to patient

\_\_\_\_\_  
guarantor signature