Megan F. Gerbracht, Psy.D., LLC
EIN: 26-3882474
Virginia License # 0810003894
1489 Chain Bridge Rd., Suite 203 McLean, Virginia 22101
(703) 627-9086

PROFESSIONAL FEES

Client Name:____
Responsible Party:____
Email Address for Billing:____
Home Address for Billing:____
Phone Number for Responsible Party:____

Fees Per Visit:
$250.00 per 45-minute Therapy/Evaluation session
$330.00 for 60-minutes of Parent Consultation or other professional services
$500.00 per 90-minute Therapy/Evaluation/Consultation Session (i.e. initial parent sessions)

Other professional services may include report writing/reading, telephone conversations lasting 15 minutes or longer, consulting with other professionals with your permission, preparation of records, and the time spent performing any other service you may request of me. I will prorate the hourly cost if I work for periods of more/less than one hour.

Special Pay Arrangements:____
(Applicable only for clients paying a reduced fee)

Payment Options:

All clients must provide Electronic Funds Transfer or Health Spending Account information to ensure timely payment, as this is the only form of payment accepted in this practice.

Account Number: ____
Routing Number:____
Or
HSA# __ __ __ __ - __ __ __ __ - __ __ __ __ - __ __ __ __ Exp. Date_____________ CVV__________
I hereby Authorize Megan F. Gerbracht, Psy.D. to release information concerning my treatment to my insurance carrier in accordance with the Code of Virginia.

I acknowledge responsibility for this account and guarantee payment of all charges against this account. I understand that this account is my responsibility and not that of my insurance company. I have been informed that Dr. Megan Gerbracht does not participate in any insurance panel(s).

I agree to the above financial terms and consent to treatment for myself and/or my child.

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Signature of Responsible Party Date