

## Consent for Insurance Filing and Non-Covered Services or Amounts Not Covered by Insurance

By signing this agreement, I authorize the release of any medical or other information necessary to process claims with my insurance company. I understand that this information is usually limited to a diagnosis code; however, in rare cases, my insurance company may require more detailed clinical information to process payments. If my doctor participates with my insurance plan, I authorize any payment of medical benefits to be made to my doctor.

By signing this agreement, I acknowledge that I will be responsible for the full amount of the charges (listed below) for professional services that my insurance will not or does not cover, including testing, therapy, and reports. I am fully aware that some of the charges below may be covered by my insurance plan. I also recognize that if I am not going through insurance, I am responsible for the full amount of charges for services.

### Dawson Psychological Associates Fee Schedule As of 10/01/2017

Diagnostic Interview—\$250.00  
Individual Psychotherapy (45 minutes)—\$150.00  
Individual Psychotherapy (60 minutes)—\$150.00  
Family Psychotherapy—\$150.00  
Family Psychotherapy without Patient Present—\$150.00  
Psychotherapy with Two Therapists Present—\$250.00  
Psychological Evaluations—See Separate Agreement

---

Signature Date

---

Relationship to Patient