

**Pete Morones, Ph.D.
Licensed Psychologist
3310 SE Division St.
Portland, OR 97202
503-236-4665**

FEE AGREEMENT & POLICIES

Fees: Psychotherapy is an investment of time and resources that requires careful consideration. The fee for the initial evaluation is \$300.00; and subsequent therapy appointments are \$260.00 for 55-minute sessions. If you are a returning client not seen within the past twelve months, this is considered a new evaluation. Professional services such as letter or report writing; form completion (e.g., FMLA, OFLA, Accommodations), document review, telephone or email communication (beyond five minutes) and other requests on your behalf are billed at \$260 per hour, prorated to the nearest quarter hour.

Legal and/or court related proceedings/requests, including but not limited to review, preparation, and/or processing of documents, depositions, testimony, consultation, travel and wait time; and other case related activities or expenses are billed at \$400.00 per hour.

Insurance: There are important considerations if you chose to utilize insurance. Utilizing insurance often makes sense and has financial advantages. Insurance only covers certain diagnoses and aspects of treatment deemed “medically necessary.” At a minimum, I will be required to provide your insurance company information about your diagnosis, appointments, and treatment. More detailed information may be required by your insurance company to determine if they will cover your treatment. This can include your personal and health history, medication, drug/substance use, psychiatric and psychological information. Insurance companies can also request to audit your chart and retroactively make a new determination regarding coverage and payment considerations. Information provided to your insurance company will become part of their company records. I do not have control of your records or information after it has been released to your insurance company or a third party.

You are responsible for determining coverage, co-payment/co-insurance and any deductibles that may apply. You are also responsible for verifying and maintaining a valid and current authorization for treatment when required by your insurance. If you have any questions or concerns regarding your coverage, please contact your insurance company. Although insurance may cover psychotherapy, they do NOT cover the other professional services listed above. You are ultimately responsible for any fees that are not covered or reimbursed by your insurance. To understand your benefits, consider asking your insurance the following questions:

- What are my mental health benefits for outpatient psychotherapy with a licensed psychologist?
- Do I have out of network benefits?
- What is my deductible and co-pay for in-network and for out of network?
- What is my out-of-pocket maximum? Is it the same for out of network?
- Are my benefits the same for office visits and tele-health?
- Do I need pre-authorization?

To verify my network status with your insurance, provide them with my name and NPI# 1992844575. If they inquire about the type of services, inform them that you are seeking outpatient psychotherapy. They may ask about CPT or Procedure codes for billing purposes. I utilize 90791 for the initial appointment or evaluation, and usually 90837 or 90834 for subsequent appointments. Unfortunately, it is not possible to provide your insurance company with diagnostic information until after the evaluation process. Common diagnoses that I treat include various forms of anxiety, depression, and adjustment disorders.

Medicare: Please note that I am NOT a Medicare provider and that I am not permitted to bill Medicare plans, nor would you be able to submit a claim to Medicare plans for my services. Please inform me if you have Medicare at any time during your treatment with me so that you can complete the appropriate form.

Oregon Health Plan (OHP)/Care Oregon/Medicaid: I am NOT an OHP/Care Oregon or Medicaid provider.

Payment: Payment is expected at the time of service, unless alternative arrangements have been made. Payments are to be made directly to Dr. Pete Morones. Payments methods include check, cash, credit or debit cards. HSA and FSA accounts can also be used. A valid credit or debit card authorizing payment for outstanding balances is required. A \$25 late fee will be charged for each month with an outstanding balance. A \$50 fee will be charged for rejected payments (i.e., insufficient funds/returned checks). Delinquent payments beyond 90 days may be referred to a collection agency.

If you do not utilize insurance, or if I am out of network with your insurance company, you will be billed directly for services. If I am in-network with your insurance company, the insurance claim will be submitted by my office on your behalf.

Cancellation & No-Show Policy: The scheduling of an appointment involves the reservation of time exclusively for you. If you are not able to keep your appointment, *24-hour notice is required to avoid a late cancellation charge.* You will be charged \$75 for the first missed appointment or late cancellation, and the full session fee for subsequent missed appointments, or not providing more than 24-hour cancellation notice. You will not be charged for cancellations due to illness, weather or health related emergencies. Insurance *does not* cover late cancellations or no-shows. These fees may be charged to your credit card on file. If you need to cancel your appointment, you can leave a message any time/day at (503)236-4665. Texting is NOT available; however, you are welcome to email me at petemorones@protonmail.com

Acknowledgement: My signature* below acknowledges that I have completely read, understand and accept Dr. Morones’ Fee Agreement & Policies, including the Cancellation & No-Show Policy. Also, that I have had the opportunity to discuss any questions and/or concerns related to the above fees and policies with Dr. Morones and/or any other individuals or representatives of my choosing permitting me to make an informed decision before signing this agreement.

*Please note that should you decide to utilize electronic signatures for any forms associated with Dr. Morones’ practice, such signatures will be considered as valid and legally binding.

CLIENT SIGNATURE OR LEGAL REPRESENTATIVE

DATE

CLIENT PRINTED NAME