

Payment Agreement

Arizona Psychology Consultants, Inc.

*Raymond E. Branton, PsyD, Licensed Psychologist
1830 South Alma School Road, Suite 112, Mesa, AZ 85210
480-730-6222; 480-889-5566 fax*

Please read the following and fill out the form completely. Once we have received your completed Payment Agreement as well as the required Advanced Fee Deposit, we will contact you to schedule further appointments.

- By completing and signing this Payment Agreement, you are indicating that you understand and agree to provide a valid credit or debit card number, with expiration date, for payment of future services.
- Your signature indicates you understand that if you do not attend your scheduled appointment, your credit card will be charged the regular cost of the session you reserved unless you cancelled at least 24 hours in advance, business days – Monday through Friday; **for cancellations with less than 24 hours notice, the full fee will be charged.** For missed appointments with no notice given, the full fee will be charged. Your credit card number will be kept on file throughout treatment and will be charged if an appointment is missed without at least 24 hours advance notice. You can always call our office (24-hours a day) to leave a voicemail to cancel an appointment. However, please ensure that you cancel any appointments within the proper time frame to avoid credit card charges for missed appointments. Please know that we adhere strictly to the time requirements and Payment Agreement.
- Your signature indicates you understand that any payment of fees is ultimately your responsibility, not an insurance company's or any other 3rd-party payer's responsibility, and that Dr. Branton will not bill insurance for forensic services.
- Payments are expected at the time of service or in advance of service. Your signature indicates you understand that if you do not pay with cash, check, or debit/credit card at the time of service (including phone or email consultation), your credit card on file will be charged for your payment due.
- Your signature indicates you understand you will be charged for all phone calls and email communication/consultation as indicated below, other than routine appointment scheduling, cancellation phone calls, questions regarding billing, or other administrative communications.
- Please note, there may be additional psychological testing fees that vary depending on the test being utilized. For example, the MMPI-2/MMPI-2-RF administration fee is \$65 plus the time reserved for the administration of the test.

Forensic Services Fee Schedule:

Forensic/Court Related Services	\$250.00/hr.
Individual Psychotherapy	\$250.00/hr.
Therapeutic Interventionist Services	\$250.00/hr.
Parenting Coordinating Services	\$250.00/hr.
Comprehensive Family Evaluation	\$250.00/hr.
Limited Focused Assessment	\$250.00/hr.
Independent Psychological Evaluation	\$250.00/hr.
Domestic Violence/Anger Management Eval.	\$250.00/hr.
Relocation Evaluation	\$250.00/hr.

Mental Health Consultant Services	\$250.00/hr.
Expert Witness/Expert Testimony (portal to portal)	\$350.00/hr.
Post-Doctoral Resident Fees	\$145.00/hr.
Licensed Associate Counselor Fees	\$125.00/hr.
Administration Services (Letters, Forms, etc.)	\$45.00/hr.
Paralegal Services	\$95.00/hr.
Therapeutic Supervised Parenting Time w/ Dr. B.	\$250.00/hr.
Supervised Parenting Time w/ Dr. B.	\$250.00/hr.
Credit Card Processing Fee Over \$500	1.8%

I understand and agree to comply with this Payment Agreement. I authorize the use of my credit/debit card information for payment of services rendered.

Client or Guardian: _____ Sign: _____
Print Name Signature

Client Name: _____ SS#: _____ Date: _____
If Different Than Above

Day Phone: _____ Evening Phone: _____ Cell Phone: _____

Please enter the following information exactly as it appears on your credit card statement:

Please Circle: VISA / MC / Discover / Amex Card Number: _____

Expiration: _____ Card Verification Number: _____ Billing Zip Code: _____

Address: _____

*Your credit card information is held confidential and is secured in your client file. Your client file is confidential and secured and stored according to HIPAA security and privacy regulations.