



Therapeutic Time, Inc.

Psychological Services Fee Schedule

Sarah Barajas, MA, Psychological Associate PSB 94027905

Liliana Chavez Weichold, MA, Psychological Associate PSB 94027514

Dr. Trisha Rich-Thurm, PsyD Licensed as a Clinical Psychologist PSY 24976,

Marriage & Family Therapist MFC 42603, & National Certified Counselor NCC 264935

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Client Name: _____ **DOB:** _____

My therapist's name is:

- Dr. Trisha Rich-Thurm, Clinical Psychologist PSY 24976**
 Liliana Weichold, MA, Psychological Associate PA# PBS 94027514
 Sarah Barajas, MA, Psychological Associate PA# PSB 94027905

Psychological Fees for Dr. Trisha Rich-Thurm

Description	Price
Clinical Interview/Intake Session (2 hour minimum)	\$400
Individual Session	\$200 per hour
Family or Couple Session	\$250 per hour
Preparation and Review of Written Report (if needed)	\$200 per hour
Telephone Consultations (as deemed appropriate)	\$150 per hour

Cancellation & Rescheduling

Customary charges will be invoiced as cash fee sessions to the client for services that are canceled or need to be rescheduled within less than 24 business day hours. If the time allotted cannot be rescheduled because there has not been enough notice to contact clients and reschedule treatment sessions, those hours will be invoiced at the customary fee of \$400 (Clinical Interview/Intake Session) /\$200 (Individual sessions)/\$250 per hour (Family/Couple sessions).

Psychological Assessment

Description	Price
Including Clinical Interview (minimum \$500)	\$300 per hour
Scoring and Test Administration	\$200 per hour
Preparation and Review of a Written Report	\$200 per hour
Review of Records/Research	\$250 per hour

Court Requirements & Appearances:

Description	Price
Review of Records/Research	\$250 per hour
Travel Time (portal to portal & payable at the time of attendance)	\$150 per hour
Deposition (payable at the time of deposition) (2-hour minimum)	\$600 per hour

There will be a charge of \$1200 for depositions canceled with less than 24 business day hours' notice if scheduled locally; and 36 hours if scheduled out of area (50 miles or Farther).

Description	Price
Court Appearance (payable at the time of court appearance) (minimum ½ day= 4 hours)	\$800 per hour

There will be a charge of \$1600 for court appearances canceled with less than 24 business day hours' notice if scheduled locally; and 36 hours if scheduled out of the area (50 miles or Farther).

Non-Paid Balance

For all balances outstanding 30 days after the billing date, interest will be charged on the outstanding amount at the rate of 30% APR.

Psychological Associate Fee Schedule

**All services are currently being offered via telehealth or in-person.
Ages 10 years of age+**

Cancellation & Rescheduling

Cancelations/Reschedule requires 24 hours in advance notice to not be charged for the session. A No Show or Late Cancellation will result in the loss of a pre-paid session fee or the session fee will be charged for the missed session (see fee scale posted on the website www.drtrishpsyd.com). Clients who make no-contact and no-show for two scheduled sessions will be terminated from the Psychologist or Psychological Associate caseload and may need to wait on a waitlist before being seen again.

Description	Price
Individual Sessions, 45 minutes	\$75/session
Couples and Family Sessions, 55-60 minutes	\$100/session
Group Participant 60 minutes	\$30/session

Other Possible Fees

Description	Price
Telephone consultation	\$75/100 each (Individual/Couple or Family- By appointment and as deemed appropriate)
Letters Addressed to 3rd Party	\$50 each ROI Required (7-day request is required in advance)
Letters to Client	\$50 each (7-day request is required in advance)
Summary of Treatment	\$100 ROI Required (14-day request is required in advance)
Assessment	\$150 ROI Required (14-day request is required in advance)

(ROI: Release of Information)

“Good Faith Estimate”

You have the right to receive a “Good Faith Estimate” explaining how much your medical care will cost. Under the law, healthcare providers need to give **patients who do not have insurance or who are not using insurance** an estimate of the bill for medical items and services.

- You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency items or services. This includes related costs like medical tests, prescription drugs, equipment, and hospital fees.
- Make sure your healthcare provider gives you a Good Faith Estimate in writing at least 1 business day before your medical service or item. You can also ask your health care provider, and any other provider you choose, for a Good Faith Estimate before you schedule an item or service.
- If you receive a bill that is at least \$400 more than your Good Faith Estimate, you can dispute the bill.
- Make sure to save a copy or picture of your Good Faith Estimate.

For questions or more information about your right to a Good Faith Estimate, visit <http://www.cms.gov/nosurprises> or call 800-368-1019.

www.cms.gov/nosurprises for more information about your rights under federal law.

Your signature below indicates that you have read the information in this document and agree to its terms.

Signature of Client

Date

In the case of treating a minor: **Sign Below:**

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date