

FORENSIC AND MENTAL HEALTH SERVICES, LLC

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Anger Management Attendance and Payment Policies

1. I agree to 8-10 sessions of individual or group treatment in addition to an intake. If more than that amount of time is expected to complete my treatment objectives, I will be notified as soon as possible and given an explanation for the extended time. If treatment for issues other than anger management is indicated and agreed to by me and my primary therapist it will be billed at the normal individual therapy rate (see below).
2. Payment is due prior to the beginning of the session. Currently, acceptable payments forms include cash (exact change) or money order.
3. I am allowed no more than one unexcused absence and I am responsible for contacting my therapist as soon as possible to make up the missed material. Payment is still required for unexcused absences, and is not covered by my insurance (which means I am personally responsible for paying for a missed session). If I have more than one unexcused absence I will be removed from treatment for non-compliance. I may reapply for treatment, but acceptance into the program is not guaranteed. Missed appointments can adversely affect my treatment for a number of reasons. Therefore, I have been strongly urged to attend every appointment as scheduled.
4. An excused absence is one that is justified with a verifiable medical note or approved in advance by my therapist. I am not responsible for payment of those sessions, but I am still responsible for contacting my therapist so I can make up the material that I missed.
5. Failure to pay for a session will result in an unexcused absence.
6. The fee for an anger management intake is \$90 (80-110 minutes). The fee for each anger management session (45-50 minutes per session for individual or 90 minutes per session for group) is \$45.00. The fee for general intake is \$150 and for general individual therapy is \$75.00 for each therapy hour. If applicable, my insurance may be billed. Regardless of my insurance benefits, I am responsible for payment of services.
7. Dr. Magazine reserves the right to bill me her hourly individual therapy rate of \$75.00 for the length of appointments missed or for failure to cancel with at least 24 hours notice.
8. Copies of records are billed at the following rate: the first 5 pages are free, with each additional page copied at a rate of 20 cents. When applicable, shipping charges will also be billed for any copied records. Payment is due prior to the shipping or pick-up of copied records.
 - a. One copy of a treatment summary report may be sent to one attorney and to one court or referral agency for free; they will count towards the free pages. Additional copies are billed as described above.
9. I will be notified in writing as soon as possible if there are any changes in the above policies.

I have read or had read to me the above information. I understand and agree to the above policies.

Signature of Individual or
Legally Authorized Representative

Printed Name of Individual or
Legally Authorized Representative

Relationship or Authority of Legal Representative _____
(if applicable)

Witness (Printed and signed name)

Date

Copy for patient or parent/guardian
Staff Notes: _____

Copy for provider/therapist