

Dr. Ann C. McDaniel

Dr. Ann McDaniel PsyD LMHC NCC MAC NBCCH SAP
Licensed Mental Health Counselor
Certified in Sex Therapy, Hypnotherapy & Addictions
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COPAYMENT AGREEMENT

FEE: \$ 95.00/ 50-Minute Individual Session

FEE: \$ \$45.00/ 60-Minute Group Session

COPAYMENT \$ _____ Due Each Session

INSURANCE COMPANY: _____

DEDUCTIBLE: _____

AUTHORIZATION NUMBER: _____

MAXIMUM RESTRICTIONS/LIMITATIONS: _____

FEE AGREEMENT: I understand that unless other arrangements are made, fees are due as stated and are payable at each session. I agree to accept financial responsibility for any missed appointments with less than 24 hour notice.

CANCELLATION POLICY: Your time has been reserved for you. A 24 hour notice is required for cancellation/rescheduling or you will be charged a \$30 cancellation fee. Please note: Insurance companies cannot be billed for missed appointments. There are several reasons for this cancellation policy:

1. Entering therapy presupposes that you want to make some changes in some area of your life that you have been unable to make by yourself. Often there is some internal, not intentional, resistance to change. Missing appointments for what seems on the surface to be a good reason is often due to this resistance. Those appointments you least want to keep are often the most productive.

2. Sometimes, difficulties people experience are due to an inability to make and keep commitments to themselves and others. Making and keeping counseling appointments is good practice in this regard.

3. If you miss an appointment because of an issue regarding therapy or the therapist, please consider discussing this issue with me directly. I would be happy to discuss it by phone, if you prefer.

ASSIGNMENT: I authorize the release of information necessary to process insurance claims, and assign my benefits directly to Dr. Ann C. McDaniel LMHC PsyD. If for any reason my insurance company does not pay submitted claims, I

