

**Guiding Exceptional Parents, LLC**  
[www.guidingexceptionalparents.com](http://www.guidingexceptionalparents.com)  
4711 Sheridan Street - Riverdale Park, Md 20737  
[wayland@guidingexceptionalparents.com](mailto:wayland@guidingexceptionalparents.com) - 301-768-8503

## **PAYMENT POLICY AND DESCRIPTION OF SERVICES**

Thank you for inquiring about the services provided by Guiding Exceptional Parents, LLC. Once you have read through this document please do not hesitate to contact me with your questions and concerns.

### **Consultation Format**

Unless otherwise agreed, visits and consultations will take place at 4711 Sheridan Street, Riverdale Park, MD 20737. We can also communicate by telephone, or SKYPE.

If I come to you, or do a school consultation, I will charge a \$25 travel fee. If my travel takes more than 30 minutes each direction, I charge \$100 per hour, pro rata, for travel time.

### **Rates**

Clients will be charged at the rate of \$200 per hour (\$3.33 per minute).

- Consultations will be charged at the hourly rate, or pro rata for partial hours.
- Payment is expected when services are rendered. You can pay by check, cash or credit card. If we meet by video or phone, I will collect your credit card number and hold it on file so I can charge for future sessions as needed.
- Because I am not a clinical psychologist, you cannot bill insurance for my services.
- In the event that you are not able to keep current with your bill, a reasonable payment plan can be arranged, in writing, providing you are willing to establish collateral for your debt and make Guiding Exceptional Parents, LLC a secured creditor. Any payment plan that is subsequently developed will be incorporated into this agreement.
- Overdue payments will be charged a 12% annual interest rate after 60 days. If you fail to pay, we may refer your account for collection.
- In that event you will be responsible for all costs and expenses of collection, including reasonable attorneys' fees.

### **Appointment Times**

- Daytime appointments are available Monday through Friday.
- Please give 24 hours notice if an appointment must be changed or missed. A bill will be sent for failure to keep an appointment without 24 hours' notice.
- If you must miss a session, contact me as soon as you are able to schedule a make-up session so we can stay on track. If no mutually convenient time can be found, we will start up again at the next session.

### **Communication**

- All communications are strictly confidential (see Privacy Policy), though my e-mail is not on a secure server, so there is some possibility that e-mail could be compromised. If you prefer strict confidentiality, it is best to call me.
- I can be reached by email ([wayland@guidingexceptionalparents.com](mailto:wayland@guidingexceptionalparents.com)) or telephone/confidential voice mail (301-768-8503), not fax.
- This is a consultation practice. I will make every effort to return your call within 24 hours, with the exception of weekends and holidays. Please inform me of the times when you will be available when leave a message.

Initials \_\_\_\_\_ Initials \_\_\_\_\_

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- In emergencies, contact your primary care physician, call 911, or go to the nearest emergency room.

**YOUR CONTACT INFORMATION**

Your Name(s): \_\_\_\_\_

Name of child: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E-mail: \_\_\_\_\_

Preferred phone: \_\_\_\_\_

Alternate phone: \_\_\_\_\_

**ACKNOWLEDGMENT AND ACCEPTANCE OF TERMS**

By signing below I acknowledge I have read and understand the above Policies of Guiding Exceptional Parents, LLC, and have received a copy of the Notice of Policies and Practices to Protect the Privacy of Patient Health Information.

_____ Client Signature	_____ Date
_____ Client Signature	_____ Date
_____ Consultant Signature	_____ Date

Initials \_\_\_\_\_ Initials \_\_\_\_\_