



Stephen Ross, PsyD, HSPP
Licensed Clinical & Forensic Psychologist
Diplomate in Clinical Psychology
American Board of Professional Psychology

Clinical & Forensic Psychological Services of IN, PC

4630 W. Jefferson Blvd., Suite 5
Fort Wayne, IN 46804
260.436.4100
(Facsimile) 260.432.6282

Dear Patient or Forensic Client:

Welcome to Clinical and Forensic Psychological Services. It's the intent of Dr. Ross to provide you with high quality clinical and forensic psychological services. Choosing to see a psychologist is a very important decision whether it is for individual or family therapy, psychological testing, or a forensic evaluation.

We would like to emphasize several important points:

- 1] Your records are confidential and cannot be obtained by anyone without your written consent. However, Indiana law requires that we report to the authorities incidents of suspected child physical abuse, neglect, sexual abuse of children, and/or other activities which require reporting by our office. Feel free to discuss these exceptions with Dr. Ross.
- 2] Our staff has limited office hours. Much of his work is done outside of the office. If it is important that you contact us for **urgent** reasons, call Dr Ross at **436-4100**. You will receive a return call promptly
- 3] Keeping scheduled appointments with our doctors is very important. If you or your family members are sick, please call and cancel as soon as possible. Likewise, if Dr. Ross is sick or required to go to Court, we will contact you as soon as possible. Late cancellations [less than 24 hours' notice] or no-shows will result in **you** being billed for the time set-aside for the appointment.
- 4] We expect payment **at the time of service**, including any co-payments required by your insurance. Co-payments cannot be waived. Our Clinic's fees (effective 3-8-2021) are:

Initial evaluation (60 minutes)	\$160
Individual therapy (60 minutes)	\$150
Family therapy	\$150 per hour
Individual or family therapy (75 minutes+)	\$220
Psychological testing	\$160 per hour
Forensic evaluations	\$200 per hour
Late cancellations/no-shows	\$95

Please discuss with Drs. Ross any concerns you might have about your charges.

5] Your insurance is an arrangement you have with your insurance company. If they require pre-authorization, it is **your** responsibility to contact them. If necessary, your doctor will discuss your treatment and diagnosis with them to facilitate reimbursement. The least amount of information will be given to your insurance company to insure your privacy. **Please make a copy (front and back) of your insurance card and bring it to your first appointment**

Please complete the accompanying paperwork, sign where indicated, and mail it **prior to** your first appointment, if possible.

Directions have been provided for your convenience.

We look forward to serving your needs.

Credit/Debit Card Payment Consent Form

Patient Name _____
Print Last First Middle Initial

Name on Card if different _____

I authorize Clinical & Forensic Services and ProfessionalCharges.com to charge my card for professional services as follows:

to charge my card for the balance of fees not paid by my insurance company for each visit.

Type of Card: VISA MasterCard Discover Exp. Date _____

Card Number _____ - _____ - _____ - _____ CVV Number _____

Card Holder's Billing Address for Monthly Card Statements

Street City State Zip

If I have questions about these charges, I agree to contact **Clinical & Forensic Services** and if necessary ProfessionalCharges.com via email (info@professionalcharges.com). I agree that I will not pursue a refund directly through my credit/debit card company, bank, or financial institution. If any of my actions yield a chargeback for any reason, I agree to pay any and all penalty fee(s) incurred by **Clinical & Forensic Services**.

Card Holder Signature _____ Date: _____

Email Address _____

*Charges may appear on your card statement as an abbreviation of **ProfessionalCharges.com** usually **ProfCharges.com***