Deana N. Stevens, Psy.D.
NJ Licensed Psychologist #4519
296 Amboy Avenue, Suite F,
Metuchen, New Jersey 08840
(732) 735-2146

Fee Policy

Please initial each section and sign below to indicate your understanding and agreement

_____ I understand that Dr. Stevens is an out-of-network provider.

_____ I am responsible for payment for services provided by Dr. Stevens.

I understand and agree to the following:

Fee for initial consultation $215.00

Fee for 45 minute session $215.00

Dr. Stevens' fees are the same for in-person and telepsychology services. Fees are based on 45-minute individual sessions. For extended sessions, couples or family sessions, lengthy phone consultations, or report writing the fee will be prorated.

Payment is due at the time of the visit and account statements are issued at the end of the month unless we have agreed to some other arrangement. Fees will be reassessed annually and may increase over time. A good faith estimate will be provided upon request.

Cancellation policy: Please notify me 24 hours ahead if you must cancel an appointment, otherwise you will be charged half of your fee. Rescheduling for the same week as your cancelled session is sometimes possible if there is an opening. Please note that insurance carriers will not cover missed sessions.

_____
Printed Name

_____
Signature Date

1/2024

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Consent to Release Information for purposes of payment and reimbursement

I give permission to Dr. Deana Stevens and her office staff to provide confidential information regarding my psychological treatment to the following insurance company and/or its representatives in order to assist me with obtaining any reimbursement that my insurance policy may provide for out of network services.

Insurance Company _____

Policy holder Name and DOB_____

Id#_____Group#_____

Additonally, I will provide a copy of my insurance identification card (front and back).

I understand that this authorization shall stay in effect for a period of one year.

_____
Printed Name

_____
Signature Date

_____
Printed Name of Person receiving services from Dr. Stevens,
if different from above, e.g. minor child