

Office, Attendance, and Payment Policy

1. I understand that I will be charged a NO-SHOW or LATE CANCELLATION fee of \$100 if I fail to show for my appointment or cancel the appointment within 24 hours of the scheduled appointment. In the event of a missed appointment, I agree to allow Dr. Wise to contact me by phone or to contact any emergency contacts discussed with Dr. Wise.
2. I understand that I am responsible for making payments at the time of my appointments through the Headway platform. I agree to the Headway terms of service. For cash-paying clients, I understand that cost for initial assessment is \$200; psychotherapy follow-up appointments are \$200 per session for any session length; and psychological testing costs \$200 per hour; psychological testing is billed in one-hour increments. I make all payments through the Headway platform and agree to all terms of Headway payment/services. I understand that Dr. Wise is an in-network provider through Headway and participates in select insurance plans through the Headway platform; if participating through insurance plans, I agree to all Headway terms of service; I understand that all insurance payments, fee collections, and submissions will be managed through the Headway platform. I will direct any insurance and billing questions to Headway.
3. I understand that the initial session will last about 55 minutes and that all subsequent psychotherapy sessions will last approximately 45 minutes. I understand that if I am late to appointments, I will still have to end the session at the allotted time.
4. I am not a member of a Military branch/service, nor am I a Veteran. I understand that Dr. Wise is unable to provide psychological services to me if I am a member of the Military or Veteran due to Dr. Wise's full-time contractual commitment outside of this practice. In the event that I am misleading about my Military or Veteran status, services will be immediately terminated and I will be required to find a new provider. I am responsible to notify Dr. Wise of any potential change in Military/Veteran status. Dr. Wise can provide referrals as needed by request.
5. Psychotherapy termination: I understand that psychotherapy is completely voluntary and may be terminated by me as the client at any time. I may resume services by request. In the event that I 1) no-show for an appointment or 2) cancel and do not re-schedule, Dr. Wise will reach out to me twice prior to terminating services. In the event that Dr. Wise terminates services, I may resume services upon request to Dr. Wise if agreed to by myself and Dr. Wise. I may also ask for a referral to another provider if needed.
6. Additional fees: I understand that I will pay additional fees at a reasonable cost in the event that I request documents, mailings, etc.

7. By signing this, I am agreeing to the above stated terms and stipulations regarding the services I receive from Dr. Wise and to Headway payment/insurance practices and policies.

Signature of Responsible Party

Date