



Self-Pay Patient Payment Agreement

You have registered as a private pay patient. This means that at the time of service you will be paying by cash, check or debit/credit card. Due to this cash payment, you are receiving a discount. **We will not bill insurance** for services provided under this arrangement. No forms will be produced now, or in the future for you or us to submit for insurance billing.

- ✓ I understand that I will be responsible for all charges related to the services provided to me by Psychiatry Northwest LLC/TMS Washington
- ✓ I understand that the charges presented to me are due **in full** on the day of service, unless arrangements have been made with the physician.

Self Pay Rates:

New Patient Evaluation with Dr. Jesse McClelland, Dr. Michael Brooks: \$350.00

New Patient Evaluation w/ Helen Wetter, ARNP Rates or David Applbaum, PA-C \$250.00

PA-C, and ARNP Follow-Up Rates: \$100.00

Physician Follow-Up Appointments: \$150.00

QB Test (Psychological testing by computer): \$75.00

New Patient Evaluation with Psychotherapist and Mental Health Counselor: \$175.00

Psychotherapist and Mental Health Counselors Follow-Up Appointments: \$125.00

I have read and fully understand the above self-pay rates and that I agree to waive insurance billing and pay balance owed at the time of check-in. I also understand by signing this acknowledgment I will be responsible to pay for the services rendered to me and/or my child.

Patient Name and Date of Birth (please print) _____

Patient Signature _____

Date _____