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**Extended Billing Policy**

The fees for services provided by Tracy List Kalnins, Ph.D., LLC will be in accordance with the reasonable value set forth by established community guidelines and standards. At the present time, the fee for the first initial 45-minute session, code 90791, is \$250 after which the billing rate for a PhD provider is \$245 per 60-minute individual therapy, code 90837, \$160 per 45-minute individual therapy, code 90834, \$110 per 30-minute individual session, code 90832, and \$180 per 45-minute family therapy session with or without client present, code 90847 and 90846. The fees for Neuropsychological testing will be \$150 for code 96116 and \$200 for code 96118. **Clients are required to provide a valid credit card at the time of their first initial session for the office to keep in their file.** Copays are the client's responsibility and are required to be paid at the time of service. Clients are also responsible for any deductible, co-insurance and or out of pocket balances remaining after insurance benefits have been applied. Client statements are mailed out on the first of the month. If no payment is received within 30 days of the statement date, a payment will be automatically charged to the client's credit card on file. The client will be notified in advanced of the transaction. Electronic payment is offered as an option and includes a \$5.00 convenience fee in addition to your payment for processing fees. To avoid paying this additional fee, please use cash or check made payable to Dr. Tracy Kalnins If payment is not received for two consecutive sessions, the client may not schedule an appointment until the fees owed are paid in full. Balances that are 90 days past due will begin accruing 5% finance charges every 30 days. Tracy List Kalnins, Ph.D., LLC does offer payment plans to those who need assistance with their balances. Uninsured clients, or self-pay clients are required to pay for services in full at the time of their appointment before they can be seen. Uninsured or self-pay clients are responsible for the first initial session fee of \$250, followed by adjusted rates on follow up sessions. Tracy List Kalnins, Ph.D., LLC reserves the right to delay, defer, or discontinue services for any reason, including if the balance owed is not paid at the time it is due. Tracy List Kalnins, Ph.D., LLC does reserve the right to forward any unpaid accounts to a collection agency to be recovered.

Sessions that are cancelled without at least 24 hours' notice before the session will be considered late cancellations. Two late cancellations or two No Show appointments will be allowed before a warning letter will be sent out. After this, any appointment that is not cancelled with 24-hour notice, or any No Show appointment will be charged a \$50 fee. The client is required to pay this fee in full prior to scheduling the next appointment. This charge is also not billed through insurance. Exceptions to this policy are solely based on Dr. Kalnins discretion.

Should a client discontinue their services with Tracy List Kalnins, Ph.D., LLC they are responsible for the payment of any remaining balance for services rendered. Tracy List Kalnins, Ph.D., LLC does reserve the right to forward any unpaid accounts to a collection agency to be recovered.

I understand that I am liable ultimately for the balance on my account for any services provided by Tracy List Kalnins, Ph.D., LLC regardless of the status of my insurance situation. With my signature, I agree to adhere to the agency's billing policies and procedures, and to pay any fees that I owe the agency based upon such policies. I hereby authorize direct payment and all benefits due under my insurance policy to Tracy List Kalnins, Ph.D., LLC for services provided. I authorize the release of medical or other protected health information necessary to process insurance claims.

Tracy List Kalnins, Ph.D., LLC  
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