

LEANNE L. EARNEST, PH.D.

Licensed Clinical Psychologist
8440 W. Lake Mead Blvd #206
Las Vegas, Nevada 89128

Fee Schedule

Fees for appointments are prorated by time.

Ninety minutes	250.00
Sixty	200.00
Forty-five	175.00
Thirty	150.00

I understand the above charges for services and agree to pay them in full for my minor child or myself. I understand the type of documentation that will be provided to me so that I may submit to my insurance company for reimbursement. I agree to pay all fees, which are not covered by my insurance company.

I understand that the cancellation of an appointment will be billable at the full fee for service. I also agree to hold the service provider harmless for any legal claim made by others or myself for nonpayment of fees by myself, my insurance company or other third party payer. I also understand that my account could be transferred to a collection agency for nonpayment of fees and consent to that possibility.

I agree to pay my full balance at the end of each session, or a portion of that balance in the sum of _____ dollars on a monthly basis until the balance owed is paid in full. I understand that any balance carried over 30 days may be subject to interest charges.

Signature of Patient/ Parent or Guardian

Date

Name of Patient