

*Margaret Richards Mauzé, PhD, ABPP
Board Certified Pediatric Psychologist
Pediatric Psychology & Family Wellness
900 NE Loop 410, Ste D-200
San Antonio, TX 78209
210-570-6874
drmauze@gmail.com*

PAYMENT AGREEMENT

Self Pay/Out of Network

Initial Evaluation	\$200	per 75 minutes session
Psychotherapy	\$175	per 45-50 minute session
Class	\$150	per 45-50 minute class
Group Psychotherapy	\$90	per 45-50 minutes session
School Consultation	\$175	per hour
		(Including phone time, report/letter writing, travel)
Copying Record	\$1.00	per page
Letters/Phone Calls	\$80	per 30 minutes

Services beyond those listed (i.e., formalized testing, legal involvement, etc) will be discussed and contracted at the time service is requested. All payment must be provided in full at the time of the session.

Missed Appointments

24 hours notice of cancellation is requested
Less than 24 hours or no notice of cancellation \$90 fee per late or no notice cancellation
After 3rd missed appointment: \$175 fee per late or no notice cancellation

Insurance Information

Please be advised that this office does not accept insurance. Some insurance companies will reimburse families for services provided by a provider outside their network. A receipt will be provided to you which you may select to submit to your insurance company for reimbursement. It is your responsibility to complete all paperwork related to insurance claims. This is not a guarantee that services will be reimbursed. Dr. Mauze is not responsible for any claims which may be denied by your insurance company. I understand and agree to all the above information. In signing, I acknowledge that all payments are due in full at time of services rendered.

Name of Patient: _____
(please print) Last First Middle

Patient's Date of Birth: _____

Signature: _____ **Date:** _____

If not the patient, please indicate relationship to patient: _____