



124 N. Court St. , Frederick, MD 21701  
3534 Urbana Pike, Suite C, Frederick MD 21704  
5216 Chairmans Court, Unit 104, Frederick, MD 21703  
Phone and Fax: 301.304.7108

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## 2024 FINANCIAL POLICY

Trauma Specialists of Maryland, LLC

301-304-7108

124 N. Court St., Frederick, MD 21701

3538 Urbana Pike, Suite C, Frederick, MD 21704

5216 Chairmans Court, Unit 102

Frederick, MD 21703

Trauma Specialists of Delaware, LLC

34011 Wescoats Road, 1-B

Lewes, DE 19958

Trauma Specialists of Pennsylvania, LLC

546 Broadway

Hanover, PA 17331



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**Basic Policy:** All payments for service are due in full at the time service is provided. A credit card must be kept on file and entered prior to the first session. Clients will be enrolled in auto-pay to charge the credit card on file. Arrangements to disenroll from auto-pay must be made with your provider. Cash or check will be accepted for payment in person. The credit card on file will be charged after each visit for the full session fee if you are a self pay client, or for the copay, co-insurance, deductible, or cancellation fee if you are a client utilizing insurance benefits. For clients using insurance benefits, the card will also be charged automatically anytime an insurance payment reflects a variance in what was originally charged.

**Session Rates and Fees for Psychotherapy:** The fee per session for most of our therapists is \$220 initial, \$205 family, \$195 individual. Group sessions will be charged at \$70 per session, unless otherwise indicated (such as trauma informed yoga groups). Fees for LGPCs, LGPATs, LMSWs, LSWs, LACMHs, and Masters level clinicians will be \$210 initial, \$195 family, \$185 individual. If your therapist is provisionally licensed and becomes independently licensed the change in fee for session will occur at the time of the licensure change.

**Session Rates and Fees for Medication Management:** The fees for medication management services vary from \$235-\$310 depending on the length of session. A standard 60-minute initial evaluation is \$310 and a 30-minute follow up appointment is \$260.

Fees will increase by \$10 each year on January 1st, and other fee increases may be possible due to changes in service structure, etc.



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Additional fees apply to contact outside of the scheduled appointment as follows: Phone call longer than 5 minutes: \$3/per minute, Email contact taking longer than 5 minutes, \$25/per email, Consultation with other professionals: prorated at \$195/per hour, Creating reports or providing documents to other organizations: \$195/per hour plus \$0.20 per copy. Subpoenas or requests for therapists to attend court will be billed at a rate of \$400 per hour. A flat fee of \$5000 will be required should the therapist need to seek legal counsel for any requested legal matters.

Cancellation of Sessions: Appointments not canceled or rescheduled within 24 hours are subject to a charge of the full session fee. Our cancellation fees are charged because we hold space for you and that is how our therapists get paid. We know sometimes you can't help it, but the fee is because your therapist has held time open for you and cannot fill it with another client. If we have enough notice and are able to fill the session you canceled, we will not charge you. If we are unable to fill it, you will receive a charge for a late cancellation.

Payment is due at the time of service. Charges not paid within 30 days will be charged a late fee of \$36 per occurrence. If you experience circumstances beyond your control, please call and payment arrangements can be made. All balances that reach 90 days past due will be sent to a collection agency. Should your account be sent to a collection agency, you would be financially responsible for all collection fees and legal fees incurred through the process utilized to collect the outstanding delinquent balance. A \$36 fee will be charged for any returned check. If two checks are returned for insufficient funds, thereafter only cash, a money order or a credit card enrolled in autopay will be accepted for payment.

Payment for Services Rendered:



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By signing below, I/We hereby agree to pay full fee per counseling session. I/We understand that the full fee for 30, 45 or 55 minute counseling sessions is due at the time services are rendered. If I/we need to cancel or reschedule an appointment, I/we will contact the above listed phone number at least 24 hours in advance (or by Friday for a Monday appointment) or send an email directly to the therapist. Failure to give 24-hour notice will result in a full fee session charge.

For Insurance Billing:

- You are responsible for getting proper referral information in advance of your appointment for out of network benefits.
  
- If you choose to use your insurance for out of network benefits, you may request a monthly record of sessions and payments to be included with your claim for reimbursement. Any reimbursements for these sessions is a matter solely between the client(s) and their insurance company. Trauma Specialists of Maryland, LLC, Trauma Specialists of Delaware, LLC, and Trauma Specialists of Pennsylvania, LLC has no responsibility regarding this reimbursement.
  
- If your provider is in network, you give your permission for Trauma Specialists of Maryland, LLC, Trauma Specialists of Delaware, LLC, or Trauma Specialists of Pennsylvania, LLC to disclose information to your insurance company for billing purposes.
  
- It is your responsibility to determine if Trauma Specialists of Maryland, LLC, Trauma Specialists of Delaware, LLC, or Trauma Specialists of Pennsylvania, LLC and your therapist



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is an in-network provider for you. All plans are different and if your sessions are not paid by your insurance company, you will be billed directly for any amounts owed.

- Trauma Specialists of Maryland, LLC, Trauma Specialists of Delaware, LLC, and Trauma Specialists of Pennsylvania, LLC do not submit insurance claims out of network. If you have insurance coverage, our client portal can provide you with a monthly Superbill that you may submit to your insurance plan for reimbursement if you are eligible for out of network mental health coverage. It is your responsibility to determine what, if any, reimbursement/coverage your plan offers you. Many plans specifically in Delaware and Pennsylvania will not cover services provided by a provisionally licensed or masters level therapist.

I am aware that insurance claims may take several months to process. My financial responsibility may change at that time if insurance processes my claims differently than initially quoted.

Account Over-payment and Credit:

When enrolled in autopay, you will be billed any additional fees once insurance payment has been allocated to the account. Should a future insurance payment result in a credit, or if there is a billing error, you may apply this credit to a future session fee or request a credit to the card on file. You may request a credit charge reversal within 90 days of the occurrence if the card is still on file. Charges requiring reversal beyond 90 days or if the original fee payment was made by cash or check will result in a check payment to the responsible party on the account.



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#### Divorce Decrees:

Trauma Specialists of Maryland, LLC, Trauma Specialists of Delaware, LLC, Trauma Specialists of Pennsylvania, LLC and/or any of its clinicians is not party to your divorce decree.

#### Adult and Minor Clients:

Adult clients are responsible for their bill at the time of service. The responsibility for minors rests with the parent or legal guardian.

#### Interpretive Services:

If you are utilizing interpretive services, appointments not canceled or rescheduled within 24 hours are subject to a charge of the full session fee and the fee for interpretive services.

I/We have read and fully understand the financial policy as set forth above by Trauma Specialists of Maryland, LLC, Trauma Specialists of Delaware, LLC, and Trauma Specialists of Pennsylvania, LLC, and I/we agree to the terms of this financial policy. I/We also understand and agree that the terms of this financial policy may be amended by the provider at any time without prior notification to the client(s). BY CLICKING ON THE CHECKBOX BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

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Signature

Date