DR. LADAN GOBLE

14300 N. Northsight Blvd. Ste 129 • Scottsdale, AZ 85260 • (P) 480-661-3877 • (F) 480-661-3878

Office Policies: Please sign and submit form to be evaluated by Dr. Goble.

Fees For Service (In-Person or Remote):

Initial Evaluation (75 Minutes) $500

Sessions (50 Minutes) $350

Sessions (25 Minutes)..... $200

Services (Up to 15 Minutes)*..... $100

Payment options include **credit card** (service fee of 3.5%) or **Zelle**. Payment is due at time of making appointment for **new patients**. Payment is due on date of service by **9am** for **established patients**. **(We require a valid credit card on file for any outstanding balances)**

***Calls or requests outside of regular business hours for established patients only.** Calls, letters, forms, record reviews, and prior authorizations for medications will be charged at a rate of **$100 per 15 minutes**, or same rate as sessions, based on the time required.

Canceling or Rescheduling Policy:

New evaluations require **full payment** at time of scheduling.

Cancellations less than **2 full business days** will be charged **100% of session time**.

I authorize Dr. Goble to charge my credit card for any amount/fees owed, including past due amounts:

Card Type: _____ Card #: _____

Security Code: _____ Expiration Date: _____ Zip Code: _____

Card Holder Name: _____ **Signature:** _____

I understand that by signing this form, I agree to the terms and conditions of **Dr. Goble, Psychiatry of Scottsdale, PLLC.** *I understand that Dr. Goble does* **NOT** *participate in any insurance plans (including Medicare/Medicaid)* **AND** *that full payment is due at the time of each appointment. I understand that I am responsible for submitting claims to the insurance carrier if seeking any reimbursement for services.*

Patient Signature: _____ Date: _____

Patient Name (Print): _____