



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:

Initial Evaluation (75 Minutes) \$500
Sessions (50 Minutes) \$350
Sessions (25 Minutes)..... \$200
Services (Up to 15 Minutes)* \$100

Remote or in-person appointments available upon request and subject to availability.

***Calls or requests outside of regular business hours for established patients only.** Please note: calls, letters, forms, record reviews, emails will be charged at a rate of **\$100 per 15 minutes**, or same rate as sessions, based on the time required.

Payment & Cancellation Policy:

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

Cancellations require **2 full business days** or will be charged **100% of session time**. Due to weekend closure, please be aware that Monday appointments must be cancelled by prior Wednesday and Tuesday appointments must be cancelled by prior Thursday for full refund.

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): _____