

PSYCHIATRY OF SCOTTSDALE, PLLC
LADAN GOBLE, MD

14350 N. FRANK LLOYD WRIGHT BLVD, STE. 8 SCOTTSDALE, AZ 85260 (P) 480-661-3877 (F) 480-661-3878

OFFICE POLICIES (EFFECTIVE 09-01-20)

PLEASE SIGN AND SUBMIT FORM IN ORDER TO BE EVALUATED BY DR. GOBLE.

FEES FOR SERVICE (Due to covid-19, currently using Zoom, Face-Time and Phone for services)

INITIAL EVALUATION (75 MIN):	\$450
SESSIONS (50 MIN):	\$300
SESSIONS (25 MIN):	\$170
SERVICES (UP TO 15 MIN): *	\$85

* CALLS OR REQUESTS OUTSIDE OF REGULAR BUSINESS HOURS, AS WELL AS LETTERS, FORMS, RECORD REVIEWS, WILL BE CHARGED AT A RATE OF **\$85**, OR SAME RATE OF SESSIONS, BASED ON TIME REQUIRED.

CANCELLATION POLICY:

-CANCELLATIONS LESS THAN **24 HOURS** WILL BE CHARGED 100% OF SESSION TIME.

-**MONDAY SESSIONS** MUST BE CANCELLED BY **PREVIOUS THURSDAY AT NOON** TO AVOID FULL CHARGES.

-**NEW EVALUATIONS** ARE CHARGED IN-FULL DAY PRIOR TO APPOINTMENT, UNLESS CANCELLED WITHIN 24 HOURS.

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 on 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 /Guardian Signature

Date:

Patient/Guardian PRINT NAME