

Marisa L. Nava, Ph.D.
Licensed Clinical Psychologist
Fee Schedule

Psychotherapy:

\$135 for the initial 50-minute session

\$125 for each subsequent 50-minute session

***If I have an agreement with your insurance company to accept a different fee, I will honor that agreement.

Psychological Testing:

\$125.00 for each hour of time (includes administering, scoring, and report writing)

\$500 deposit is due on the date of testing, with the remainder due during the feedback session.

**If I have an agreement with your insurance company to accept a different fee, I will honor that fee. Many insurance companies will not reimburse for testing to determine whether a learning disability is present and/or they may not authorize a sufficient number of hours to complete the testing. In that case, you would be responsible for payment of the entire fee.

Collaborative Law (Child Specialist/Divorce Coach) and Co-Parenting Sessions:

\$150 per 60-minute session

\$190 per 90-minute session

If additional paperwork is required beyond the session, including the writing of parenting plans and/or agreements, I will charge \$125 per hour, which will be prorated in 15 minute increments.

Collaborative Law and Co-Parenting sessions are not billable through insurance.

Mediation Services:

\$150 per 60-minute session.

If additional paperwork is required, including the writing of parenting plans and divorce agreements, I will charge \$125 per hour, which will be prorated in 15 minute increments.

Mediation services are not billable through insurance.

Other Professional Services (including phone conversations):

\$125 per hour for other professional services (prorated in 15 minute increments)

Other services include report writing, telephone conversations lasting longer than 15 minutes, consulting with other professionals with your permission, school observations/consultations with your permission, preparation of records or treatment summaries, and the time spent performing any other service you may request of me.

I have read, understand, and agree to the above. I agree to accept the services of Marisa Nava, Ph.D. and to accept the fees for those services as lawful debt. I promise to pay said fees as outlined above. This includes an agreement to pay costs of collections, attorney fees, and court costs, if necessary. I waive now and forever the right to claim exception under the Constitution and laws of the State of South Carolina or any other state. I also understand that failure to pay these fees may result in release of my name, known phone numbers, and addresses, and other information during the collection process.

Permission for Treatment or Services

Permission is hereby given to Marisa Nava, Ph.D. to render treatment and/or service to

_____ whose relationship to me is ___ Self ___ Child ___ Other (Specify: _____)

Your
signature: _____

Date: _____

Provider:
signature _____

Date: _____