

Manfred J. Melcher, MSW, LCSW

Licensed Clinical Social Worker
CA license 74175

126 Clock Tower Place Suite 214
Carmel, CA 93923

Office Phone: (831) 402-5115

Practice Policies

Cancellation Policy

I ask that you respect a 24 hour notice if you need to cancel an appointment. If you fail to show for a scheduled appointment or cancel with less than 24 hours notice, you will be charged the full fee for the session. Unavoidable emergencies (car breakdown, illness of self or a child, etc.) will not be charged. Just communicate with me your circumstances

Fees

My standard fee is \$140 per 50 minutes for all clinical services (procedure code 90834 and 90847). I do not charge more for the first initial consultation meeting. Other service fee: _____
Services associated with your treatment, such as site visits, report writing, record reading, consultation with other professionals, telephone conversations (other than brief scheduling issues), etc. will be billed at the same rate unless agreed otherwise. **Please note that I am not an in-network provider for any insurance carrier.** Payment for all services is the financial responsibility of the client. However, some insurance companies will pay for out-of-network services (PPO). Clients should remember that my services are rendered and charged to the client, not an insurance carrier. It is the client's responsibility to know your insurance policy with regards to reimbursement for rendered services. Please call your insurance carrier to inquire about mental health services. I will be happy to provide you with a comprehensive statement that you can submit to your insurance carrier for possible reimbursement. I can also provide you a document to advocate for mental health services if requested by you.

Telephone and Internet session

Once we have worked together for some time, and if circumstances demand (travel, etc), we may consider having sessions via telephone or Internet. Payment for such sessions is based on the same fee.

Payment Options

Payment is due in full at the time of service (unless other arrangements are made between us). I can accept payment in cash, check, or credit/debit card. A 2% processing fee is added to any credit/debit card payment.

I acknowledge that I have read and understand the practice policies and agree to respect them as noted.

Client's Name: _____ Date of Birth: ___/___/_____

Client's (or Guardian) Signature: _____ Date: ___/___/_____

Manfred J. Melcher, LCSW
(witness)