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## Mind-Body Solutions LLC

Cindy Solliday, PhD, DCEP, CBP

Licensed Psychologist, WI License # 2410-057

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### PROFESSIONAL FEES AGREEMENT INSURANCE BILLING

Service	Fee
Intake Psychological Assessment	\$360.00
60 Minute Individual Psychotherapy	\$280.00
45 Minute Individual Psychotherapy	\$210.00
60 Minute Group Psychotherapy	\$160.00
90 Minute Group Psychotherapy	\$240.00
60 Minute Couples Psychotherapy	\$300.00
60 Minute Family Psychotherapy	\$300.00
Psychological Testing – per hour (prorated)	\$400.00
Report Writing – per hour (prorated)	\$300.00
Letter Writing – per hour (prorated)	\$240.00
Telephone Contact/Consultations - per hour (prorated)	\$280.00
Administrative Costs – per hour time to fax or mail records	\$100.00
No Show/Late Cancellation Fee (less than 24 hour notice)	Full Session Fee
Copies of Records (per page)	\$0.50

**You understand that if your insurance carrier denies payment for any reason, or simply does NOT cover certain costs listed above you will still responsible for paying your bill in its' entirety.**

**You also understand that all co-pays are due at the time of service and are non-refundable.**

Your signature below indicates that you have elected to use insurance coverage to pay for Dr. Cindy Solliday's professional services and have read the information in this professional fees agreement for said services, understand it fully, and have agreed to its' terms as a consumer of Mind-Body Solutions LLC services.

\_\_\_\_\_  
Print Name Client

\_\_\_\_\_  
Print Name Parent or Legal Representative

Signature Client: \_\_\_\_\_

I acknowledge receipt and understanding of this document

\_\_\_\_\_  
Date

Legal Representative: \_\_\_\_\_

I acknowledge receipt and understanding of this document

\_\_\_\_\_  
Date