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Fees, Insurance Information, Financial Agreement

Date: _____

Client name: _____ DOB: _____

Address: _____

Home phone: _____ Cell phone: _____

email: _____

(if under 18, please also include parent phone and email)

Initial appointment	60 minutes	\$250
Individual session	45 minutes	\$185
Family/couples/group initial appointment	60 minutes	\$275
Family/couples/group session	45 minutes	\$225
*Extended session	Every 15 minutes	\$65
*Telephone consultation	Every 15 minutes	\$65
*School visits (plus travel time)	60 minutes	\$250
*Letter writing or treatment summary	60 minutes	\$250
*Missed session/late cancellation (less than 24 hours' notice)	full fee	

Payment Policy:

- Payment is due at time of service.

Cancellation Policy:

- 24-hour notice is required or full fee will be charged.

Insurance:

- Insurance plans are not accepted.

I have read and understand the payment and cancellation policies.

Signature: _____

Date: _____