

## *Lesley Stabinsky Compton, Ph.D.*

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## **SERVICE AGREEMENT**

### **Psychotherapy**

This document is for you to keep as it contains important information about my professional services and business policies. Your signature in reference to this form will indicate that you have received this information, have read it, that you understand it, and that you agree to it.

If you have concerns or questions, please feel free to ask me about them.

### **Sessions**

- Therapy sessions last 45-50 minutes, unless otherwise planned in advance.
- I make every effort to start appointments on time. The session time that we have scheduled is reserved for you. If you are not able to keep an appointment, I ask you to give me 24 hours notice so that I can make that time available to another client.

### **Fees**

- Payment is due at the time of service. I accept checks and cash. I do not accept credit cards.
- I prefer to collect fees at the beginning of the session. This will help to make the most of the available time.
- Psychological assessment, educational testing, school visits, lengthy telephone conversations, consultations with other professions, and letter writing all have separate fees and are not covered expenses under most insurance plans.
- If your bill is not paid in a timely fashion, it may be turned over to a collection agency or small claims court. Checks returned for insufficient funds will be charged a \$25.00 fee.
- You will not be charged for any appointments that are cancelled at least 24 hours in advance. Appointments that are not cancelled within that period are subject to a cancellation fee of \$75.00. Insurance benefits do not provide reimbursement in this situation.

### **Insurance**

- If you plan to use your mental health insurance it is important for YOU to know your benefit. Mental health benefits often are managed differently than your medical health benefits. If there is a telephone number on your insurance card specifically for mental health, please call this number for information. (This number is often found on the back of your insurance card.) Your insurance company may require an authorization or certification for treatment. Without proper authorization you will be responsible for the entire session fee.
- If you have a deductible, as many PPO plans do, it is YOUR responsibility to know how this impacts your coverage and whether or not your deductible has been met for the current calendar year.
- Once you start treatment, please notify me of any insurance benefit changes.

### **Contacting Me**

- I make every effort to return phone calls within 24 hours.
- For urgent needs, follow the instructions on my voice mail for a more immediate response.