

# STILLPOINT.

THERAPY - ASSESSMENT - CONSULTATION

PAUL W. FREHNER PSY.D.

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## **Extended Services Contract**

regarding psychotherapeutic services for

Name: \_\_\_\_\_ DOB \_\_\_\_\_

Address: \_\_\_\_\_

provided by Dr. Paul W. Frehner, Psy.D. - STILLPOINT PSYCHOLOGICAL SERVICES PLLC.

Dr. Paul W. Frehner will bill the insurance for the above mentioned client for all covered services. For services covered by insurance the client is only responsible for the applicable co-payments.

Services not covered by the insurance may include:

- School meetings
- Meetings with police, emergency personnel and mental health providers
- Requests to appear in court: If you become involved in legal proceedings that require my participation, you will be expected to pay for all of my professional time, including preparation and travel costs, even if I am called to testify by another party. Because of the difficulty of legal involvement, I charge \$ 200.- per hour for preparation and attendance at any legal proceeding.
- Report writing
- Extended phone contacts (exceeding 5 Minutes)
- Extended therapy session time

Additional time will be billed at \$ 150 .- per hour to the requesting party.

The party accepting financial responsibility is:

Name: \_\_\_\_\_ DOB \_\_\_\_\_

Address: \_\_\_\_\_

I agree to the above stated billing arrangements:

Signature \_\_\_\_\_ Date: \_\_\_\_\_

STILLPOINT PSYCHOLOGICAL SERVICES

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