

Kwai Kendall-Grove, Ph.D.

Licensed Clinical Psychologist

2305 East Arapahoe
Road, Suite 149
Centennial, CO 80122

Payment Information

Welcome to my practice. My practice is a fee for service practice. I accept cash, check and Visa/MasterCard. Please indicate how you will be paying for my services:

_____ Cash _____ Check _____ Visa/MasterCard

Payment is due at the time of service. The fee for a 45 minute session (testing, scoring or report writing) is \$200. The initial consultation with me (1 hour) is \$225. Payments overdue by 30 days will incur an automatic \$25 late charge. Payments 60 days overdue will incur an additional \$25 late charge and will automatically be sent to collections.

I will prepare a statement for you at the end of each month that has billing/payment information, insurance codes, and diagnostic codes for insurance reimbursement purposes. You are responsible for submitting this invoice to your insurance company for reimbursement. Please indicate the email address that you want your statement sent to:

Email address: _____

Please write your credit card information below. If you chose to pay by cash or check, I will only use this information if your account is 60 days past due. In this situation, the entire amount owed for services will be billed to your credit card at that time, including late fees. If your credit card does not go through, or you do not have a credit card, your account will automatically be sent to collections after payment is 60 days past due. If you chose to pay for services by credit card, your credit card will be charged each time a service is provided.

Name on Credit Card _____

Type of Credit Card _____

CVV Code (3 digit code) _____

Credit Card Number _____

Expiration Date _____

Please note that I keep your credit card information secure, and that I am the only person that will have access to your credit card information.