

Elisabeth W. Brown, Psy.D  
13 Inkberry Trail  
Narragansett, RI 02882  
201-919-1297  
Fax: 401 783-1044

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

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

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

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_

Telephone(H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Person Responsible for Bill: \_\_\_\_\_

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

I understand that Dr. Elisabeth Brown is not a participating provider in my healthcare network. I understand that she will not be sending in any insurance forms. Payment is the responsibility of the patient. By signing this agreement, I realize that payment is due at the time of treatment. In addition, there is a 24 hour cancellation policy, meaning that patients are responsible for all appointments cancelled or not kept with less than a 24 hour notice.

Fees:

Initial Evaluation – 60 minutes : \$250.00  
Individual session – 60 minutes : \$240.00  
Individual Session – 45 minutes \$180.00  
Marital Session – 60 minutes:\$ 240.00  
Marital or Individual Session – 90 minutes: \$360.00  
Marital or Individual Session – 2 hours: \$480.00

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Signature