

**KRISTIN DAVISSON, PSY.D.**  
LICENSED CLINICAL PSYCHOLOGIST

PSYCHOTHERAPY, ASSESSMENT, CONSULTATION

1901 NW MILITARY HIGHWAY, STE 112  
SAN ANTONIO, TX 78213

(773)609-2053 (P)  
(773)257-9122 (F)

-----  
**Insurance Information (if applicable):**

**\*note insurance does not cover family/couples sessions**

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

Insured Name: (if different from patient): \_\_\_\_\_

Identification/Member ID#: \_\_\_\_\_ Group Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Birth (Subscriber): \_\_\_\_\_

**FEE POLICY:**

**Individual session: \$140**

**Couples session: \$170**

**Unless other arrangements are made, payment or if applicable co-payment for services is expected upon receipt of services.** Please be advised that insurance plans typically do not cover cancelled sessions. Therefore in the case of missed or cancelled sessions, regardless of the reason for cancellation, without 24 hour advanced notice you will be billed and are responsible for the full fee for the session(s) offered.

I understand that my Visa/Master Card account will be billed for any fees uncollected after 30 days and that I am furthermore responsible for fees not paid by my insurance company.

Should you have any questions or concerns regarding the financial policies above, please contact your treatment provider.

Signature of Patient(s) or Responsible Party: \_\_\_\_\_ Date: \_\_\_\_\_

Visa/MC Account: \_\_\_\_\_

Expiration Date \_\_\_\_\_ Three Digit Security Code (listed on back of the card): \_\_\_\_\_

Name on Account: \_\_\_\_\_

Full Billing Address: \_\_\_\_\_