Kayse Budd, MD

Integrative Psychiatry & Consulting

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Name: _____Date: _____

Date of Birth:_____

Please provide a cc number to keep on file to pay for missed session and out-of-session email/message fees. The fee for missed sessions is $100 if less than 48 hours notice is given. The fee for email or test exchanges, messages (audio or text) is $65/15 min.

CC: _____
Exp Date: _____
CVV:_____
Billing Zip: _____

Please sign below acknowledging that you will be joining this unique practice as a self-pay client. You will be responsible for paying for sessions up front. There are no superbills in this style of practice.

_____ I am self-pay. I understand I will not be using my insurance.

Thank you! Welcome to the practice!