

Patient Name: _____

Patient DOB: _____

New Patient Packet Addendum: 2026 Fee & Policy Updates

Effective January 1, 2026

This addendum highlights key updates for 2026 and is intended to be read alongside our full New Patient Packet (NPP). Patients who have not signed a 2025 New Patient Packet will be required to complete the full 2026 packet. This document outlines the new changes presented in the 2026 NPP.

Check here if you have updated contact or insurance information

If checked, please complete the section below and notify front office staff.

Updated Contact & Insurance Information (If Applicable)

Address:

Phone Number:

Email:

Insurance Provider:

Insurance ID:

If you have new insurance, please make sure our front desk has a copy of your insurance card.

Access to Full New Patient Packet (NPP)

Patients may review the complete New Patient Packet at any time by visiting:

<https://www.progenyclinic.com/forms>

2026 Updates & Important Changes

Updated Therapy Pricing

- Therapy Sessions (2026 Rate): \$195 per session

Document & Form Fee Schedule

A. Provider Assessment

The provider makes the final determination regarding the level of complexity and time required to complete any requested form or documentation.

Patient Name: _____

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B. Fee Determination

Fees are set according to a standardized schedule to ensure fairness and transparency.

Final classification of any letter, form, or documentation request (including which fee category it falls under) is at the provider's clinical and professional discretion.

Patients will be notified in advance if additional time or charges are anticipated.

C. Patient Notification

All applicable fees will be disclosed prior to initiating work.

D. Fairness & Equity

Fees align with California and national averages.

Medi-Cal patients are subject to a maximum out-of-pocket cap.

E. Standardized Fee Schedule

- Basic Template Letters – FREE
- Standard Letters and Forms – \$40 (+\$25 per 15 minutes beyond 15 minutes)
- Disability Forms – \$60 (+\$25 per 15 minutes beyond 15 minutes)
- Medi-Cal Compassion Cap – \$100 max per request
- Expedited Requests (within 72 hours) – +\$20

Patient Acknowledgment

By signing below, I acknowledge that I have received and reviewed this **New Patient Packet Addendum: 2026 Fee & Policy Updates**. I understand that this addendum supplements the 2025 Progeny Psychiatric Clinic New Patient Packet and that I have access to the 2026 New Patient Packet, which includes this addendum information.

Patient Signature: _____

Date: _____

OR

Legal Representative/Parent Signature: _____ Date: _____

Name of above: _____

Relationship: _____