



Kranz Psychological Services, PLLC
Evaluations - Counseling - ABA
Medication Management

2026 Medication Management Consent for Treatment

Services offered by MD or PMHNP:

- Initial office visit to establish patient
- Follow-up visits, scheduled per medical professionals
- Cash pay cost of services (**Payment due at time of service**):
 - Initial Appointment: \$280
 - Follow-up visits: \$140
- Insurance cost of services is established by the individual policy

_____ I hereby authorize KPS to furnish information to the insurance carriers concerning my illness and treatment. I hereby assign to KPS all payments for services rendered to myself or my dependents.

_____ In order to receive medication management services at KPS, I understand and agree that:

- I will actively participate in counseling.
- I will complete a psychological evaluation, if requested by the medical team.
- I will be compliant with taking my medication as instructed and will notify my medical professional of side effects immediately.
- KPS no-show/late cancellation cancellation policy is applicable to medication management services.

_____ I understand and agree that the prescription of controlled substances is not a routine part of treatment at this facility; any decision to prescribe such medications is made solely at the provider's clinical discretion following a comprehensive assessment.

_____ If the client is a minor, the signature below indicates I am the parent/legal guardian of the child and have managing conservatorship.

A copy of this agreement/policies will be given to you if you desire, with the original placed in your digital file at Kranz Psychological Services, PLLC.

Client Name

Client Signature OR Parent/Guardian Signature (if client is a minor) Date