



Dr. U. Koechling Psychology Corporation

Cell: 250-213-2331 Fax: 250-744-0200 Phone: 250-744-0008



Fee Information Sheet

Registered Psychologists are not covered by the Medical Service Plan and are considered Fee for Service Providers. I have prepared this information sheet in order to assist you with any questions or to address any concerns you may have.

Fee Schedule

My fees are \$220.00 per one clinical hour for individual, marital or family therapy. Fees for psychological testing, assessment and/or reports may vary and are dependent on the complexity and time spent.

Payment Method

Payment is requested at the time the service is rendered and may be made by check or cash. There is a \$45.00 charge for NSF checks.

Missed Appointment

If you are not able to attend an appointment, please call my office immediately. If an appointment is missed or cancelled within 24hour prior notice, you will be charged for the session in full.

Tax Deduction

Fees paid to registered psychologists may be added to other medical expenses for tax purposes

Additional Important Information

You, the client, is responsible for payment of my professional fees. When a third party (i.e., spouse, parent, relative or insurance company) fails to make the payment in a timely manner, you, the client is responsible for making payments for my professional services.

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