Fee Schedule

Attachment to the Client Consent and Practice Policies. Effective date below.

ADE, Inc.
Martha H. Ireland, PhD, RN, CS
165 Topside E.
Hardeeville, SC 29927
(703) 722-2324 | info@irelandphd.com

Effective date of this Fee Schedule: August 24, 2026

CLIENT NAME

DATE PROVIDED TO CLIENT

SESSION FEES

Diagnostic and evaluation session, first visit	**$295**
Regular session, 50 minutes	**$195**
Sessions lasting longer than 50 minutes	**$3.90 per minute**

OTHER CLINICAL SERVICES

Clinical phone calls and email correspondence	**$3.90 per minute**
Written reports, including letters to supervisors, schools, employers, and other providers	**$3.90 per minute**
Copies of records requested by the client	**Reasonable cost-based fee**

ADMINISTRATIVE

Returned check	**$45 per check**
Appointment cancelled with less than 48 hours notice	**Full session fee**
Missed appointment without notice	**Full session fee**

PAYMENT TERMS

ADE, Inc. is a fee-for-service practice. Dr. Ireland does not participate in any insurance network and does not bill insurance companies, employee assistance programs, or managed care organizations.

- ADE, Inc. is a telehealth practice. All sessions are conducted by video or telephone.
- Payment is due at the time of service and is requested before each session begins. Payment may be made online at www.irelandphd.com.
- A monthly statement of services will be provided. You may submit it to your insurance company yourself for possible out-of-network reimbursement. ADE, Inc. makes no representation about whether your insurer will reimburse you.
- Monthly payment arrangements are available to clients who have established a three month payment record. Please ask.
- Fees may change with 30 days written notice. A revised Fee Schedule will replace this one and does not require re-signing the Client Consent.

CANCELLATION POLICY

To cancel or reschedule, call or text (703) 722-2324 at least 48 hours in advance. Please do not email to cancel, as email is not monitored continuously. Cancellations inside 48 hours and missed appointments are charged at the full session fee.

ESTIMATING YOUR TOTAL COST

Weekly sessions for one year at the standard rate come to approximately $10,140, plus the initial evaluation. Most courses of treatment are shorter or less frequent than that. Your Good Faith Estimate, provided separately, gives a projection based on what Dr. Ireland actually expects for your care. If you have questions about cost, raise them early. It is a reasonable thing to ask about.

ACKNOWLEDGMENT

I have received and reviewed the ADE, Inc. Fee Schedule and I understand that payment is my responsibility and is due at the time of service.

CLIENT, PARENT, OR GUARDIAN SIGNATURE

DATE

PRINTED NAME