

Financial Agreement

We value this opportunity to be of service to you. We have found that coming to a mutual agreement early about fees and payments allows us and you to move ahead to your primary goals, so we would like to take this opportunity to explain the financial policies of this office.

Fees

Initial Diagnostic Examination, 45 min.	\$180.00
Individual Psychotherapy, 45 min.	150.00
Individual Psychotherapy, 25 min.	75.00
Couples Counseling, 45 min.	150.00
Couples Counseling, 90 min.	300.00
Group Therapy, 90 min.	45.00
Psychological Testing, per hr.	125.00
Telephone Consults, over 10 min., per hr.	150.00
Preparation of Reports/Summaries, per hr.	125.00

Responsibility for Payment

Payment for all fees is due and payable at the time services are rendered, unless other payment arrangements have been approved in advance by us. Services will be charged directly to the patient. In the case of minors, payment is the responsibility of the parent who consents to service.

Insurance

As a general policy, if you want to use health insurance, we request that you pay us directly at the time service is rendered, and then you may obtain reimbursement from your carrier. We strongly recommend you clarify your mental health benefits with your carrier before incurring the cost of services. As a courtesy, we will be happy to phone your insurance to inquire about your coverage; however, the responsibility for knowing and verifying your health insurance eligibility and benefits rests with you. Regardless of your insurance status, you are ultimately responsible for full payment of the balance on your account for all professional services from the date rendered.

We will be happy to help you process your insurance claim-form for reimbursement if you provide a completed form any time that one is needed. Alternatively, upon request we can provide you an itemized statement that you can submit to your company to obtain reimbursement. If we bill your carrier for you, you hereby authorize payment of benefits to your provider for services rendered.

Release of Information to Third-Party Payors

Disclosure of medical information regarding the conditions being treated and the services being provided is generally required by insurance companies or other third-party payors for billing or quality assurance purposes. Patient or responsible person hereby authorizes release of this information as requested by third-party payors for this purpose. While insurance companies generally assure patients that no information will be released to your employer or other third parties, once information leaves this office, we cannot guarantee its security.

Cancellations

If you do not appear for a scheduled appointment or if you cancel or reschedule your appointment with less than 48 hours prior notice, you will personally be charged the full amount of the appointment. Regardless of coverage, third-party payors will not reimburse for appointments which are not kept or which are canceled on short notice.

Delinquent Payment

We realize that temporary financial problems may affect timely payment of your account. If such problems do arise, we recommend you contact us promptly for assistance in the management of your account. In circumstances of unusual financial hardship, the psychologist may be willing to negotiate a plan.

Failure to pay fees when they are due may result in rescheduling your appointment or suspending service to you.

If an outstanding balance accrues and remains unpaid 60 days after the billing date, and suitable arrangements for payment have not been agreed to, bills may be submitted for collection including collection agencies or small claims court. If such legal action is necessary, the costs of bringing that proceeding will be included in the claim.

Checks returned by the bank are subject to a service charge of \$35.

I have read, understood, and agreed to the policies stated above. I have clarified any questions before signing this consent.

Patient Signature Insured, Spouse, Parent, or Responsible Person Signature Psychologist Date