



ACKNOWLEDGEMENT OF FINANCIAL RESPONSIBILITY

PROFESSIONAL FEES

Our psychologist's hourly fee is \$250. In addition to our appointment, we charge this amount for other professional services you may need, though we will break down the hourly cost if we work for periods of less than one hour. Other services include report writing, telephone conversations lasting longer than 10 minutes, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, and the time spent performing any service you may request of me. If you become involved in legal proceedings that require our participation, you will be expected to pay for our professional time even if we are called to testify by another party. Also, you will be expected to pay for any expenses that the practice may incur during the legal process (travel, our attorney fees, etc). If a technician administers tests in our stead or provides other services you may need, the hourly fee for the technician is \$150.

BILLING AND PAYMENTS

You will be expected to pay for your evaluation at the time it is held, unless we agree otherwise or you have insurance coverage which requires another arrangement. Payment schedules for other professional services will be agreed to when they are requested. If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, the practice has the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court. If such legal action is necessary, its costs will be included in the claim. In most collection situations, the only information we release regarding a patient's treatment is his/her name, the nature of services provided, and the amount due.

NOTE: We are NOT paneled with Medicaid and it will not cover out of network benefits. You will be responsible for those charges.

INSURANCE REIMBURSEMENT

We will fill out forms and provide you with whatever assistance we can for you to receive the benefits to which you are entitled. However, you (not your insurance company) are responsible for full payment of our fees. It is very important that you find out exactly what services your insurance policy covers. You should carefully read the section in your insurance coverage booklet that describes mental health services. If you have questions about the coverage, call your plan administrator. Of course we will provide you with whatever information we can based on our experience and will be happy to help you in understanding the information you receive from your insurance company. If it is necessary to clear confusion, we will be willing to call the company on your behalf.

You should also be aware that most insurance companies require you to authorize us to provide them with a clinical diagnosis. Sometimes we have to provide additional clinical information such as treatment plans or summaries, or copies of the entire record (in rare cases). This information will become part of the insurance company files and will probably be stored in a computer. Though all insurance companies claim to keep such information confidential, we have no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical information databank. We will provide you with a copy of any report we submit, if you request it.



ACKNOWLEDGEMENT

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship. The undersigned acknowledges that the results of any treatment or services by the psychologist have no guarantee or warranty. The undersigned acknowledges responsibility for the financial obligations accumulated in the course of these services, and agrees to pay them promptly.

Patient Signature

Date

Printed Name
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