

Private Insurance Notification and Agreement

Due to the increasing complexity of private insurance plans and mental health coverage you are now required to read and agree to the following guidelines below before scheduling and receiving any services from our office.

- ❖ Effective January 1st 2017, you are now responsible for understanding your own insurance policy including mental health coverage and any exclusions (e.g., non-coverage or coverage that requires pre-authorization).
- ❖ We are not responsible for any costs of services if your insurance does not cover our mental health services.
- ❖ You are required to pay for any service received on the date of service and are responsible for a **\$50 missed appointment fee** if you miss your appointment for any reason, (e.g., no-show, cancel, or re-schedule) in **less than 24 hours** from your scheduled time.

Courtesy payment option: In the unfortunate event that your insurance does not cover mental health service(s) we provide we offer the following discounted rates if your bill is paid in full within 30 days from discovering your balanced owed. Any additional fees surpassing these discounted rates (listed below) will be waved when your bill is paid in full within the 30-day grace period from receipt of the bill.

Discounted Rates

- 90791 Clinical Intake Assessment \$120
- 90791 Comprehensive Clinical Assessment (typed) \$150
- 96101 Psychological Testing and report \$300
- 90837 - 60 min individual therapy \$100
- 90847 Family therapy \$100
- 90834 - 45 min individual therapy \$80
- 90832 - 30 min individual therapy \$50
- 98053 Group therapy \$20

By signing below you are accepting our service(s) and you are agreeing to pay all outstanding balances at the date of service or within 30 days from receiving a bill.

X _____ Date: _____