



thrive

CENTER FOR PSYCHOLOGICAL HEALTH

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CANCELLATION, BILLING, & PAYMENT POLICIES

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Please indicate that you have received and understand the following information by signing below. You may keep a copy for your records, and one will be placed in your file.

CANCELLATIONS

If you need to cancel or reschedule an appointment, please provide 24 hours (1 business day) advanced notice to avoid being charged the full fee for that reserved hour. You may text, call, or email to notify me of a need to cancel or reschedule. Missed appointments without any notification are charged at the full rate even if you reschedule for that same week. Please note that insurance companies do not provide reimbursement for canceled or missed sessions.

If we decide on a “standing” weekly or biweekly day/time (i.e., we meet at the same time each week/every 2 weeks), I reserve that time for you in my calendar as a “recurring” event, and do not offer that time to anyone else. If we miss a session for any reason, I will assume you will be at our *next regular appointment* unless we explicitly communicate otherwise.

BILLING

My fee for the initial intake/assessment appointment is \$170, and it is \$160 for each subsequent 50-minute psychotherapy session, due at the time of service. If I write letters or have any correspondence with any agencies or individuals (e.g., professors, insurance companies) on your behalf, you will be billed for my time in preparing any documents requested. If a telephone consultation is requested, I will bill for any amount of time over 10 minutes, according to a prorated schedule (e.g., 30 minutes would be half my fee for 1 therapy hour). If we arrange to have a full 50-minute therapy session over the telephone or via Skype, you will be charged the same rate as for an in-person session (\$160). If you become involved in legal proceedings that require my participation, you will be expected to pay for all of my professional time, including preparation and transportation costs, even if I am called to testify by another party.

PAYMENTS

Payment is due at the time of service, unless we agree otherwise. You may use cash or check to pay for sessions (unless an alternative payment arrangement is agreed upon). At the end of each session, I will provide you with a receipt upon request which functions as a “claim” you may submit to your insurance company using your out-of-network benefits. If you request a statement of more than one transaction (such as may be required by a 3rd party payer) you may be billed for my time in preparing such documentation (e.g., a statement of all our sessions for the year). If you are using an Aetna Student Health plan, please refer to my separate consent form related to the Reassignment of Benefits policy information.

Occasionally, there may be a need to delay a payment until the following session or we might decide on an alternative payment arrangement. I am willing to remain flexible on this; however, I now require that all current balances over \$320 (2 sessions) be paid in full before a next appointment is scheduled or confirmed, unless we have agreed on a specific alternative arrangement (e.g., a 3rd party is paying for your treatment on a monthly basis).

If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court. If this were to occur, the only information I would release regarding a patient’s treatment is his/her name, the nature of services provided, and the amount due. If such legal action is necessary, its costs will be included in the claim.

If you decide to file a claim with your insurance company for reimbursement, I will work with you to make sure that they have all the information needed to process the claim. By signing this form, you are providing consent to release all information necessary to process your insurance claims, as requested by your insurance company (further explanation of this is included in the consent form you signed as well as in the GA Notice Form located on my website).

CLIENT NAME

CLIENT SIGNATURE / DATE