

Office Policies and Procedures

Fee and Payment Procedures:

- Fee is due by the time of the session.
- If negotiated, payment for multiple sessions can be made in advance and can be used as credit toward sessions.
- Insurance is not accepted as form of payment. At your request, a super bill will be provided with appropriate diagnosis and CPT codes for direct reimbursement.
- This office does not guarantee that insurance will reimburse for psychotherapy session. It is not the responsibility of the therapist to verify insurance coverage. Please evaluate with your insurance company to assess out of network reimbursement.
- Reasonable forms of payment are ACH or credit card.
- Credit card charges will have an additional processing fee applied to charge.

Cancellations and rescheduling:

- The office requires 24 hours' notice of cancellation. If cancellation is made within the 24 hours, the full amount of the session will be charged.
- If rescheduling an appointment within same week, please allow 24 hours' notice.

Telephone and/or Zoom appointments:

- These sessions will be charged the full fee.
- If a shorter session is requested, a negotiated fee will apply.
- For phone consultations in between sessions, a portion of fee will apply. For example, 20 minutes (1/3 full session) will be charged 1/3 full fee.
- Any email correspondence and/or communications as well as requested documentation and/or letter writing of any kind will be billed accordingly. See above.

Emails and voicemails:

- Please allow until the end of the business day for return phone calls. If call is made after 5 p.m., your call may be returned the following morning.
- With email correspondence, please allow 24 hours for response.
- If it is a true medical emergency, please call 911 or visit your nearest emergency room.

Confidentiality:

I have reviewed the limits of confidentiality and informed consent.

I understand I am entitled to a confidential relationship.

I have thoroughly read the above policies and procedures.

I understand that I may bring any concerns or questions to my therapist at any time.

Signature

Date

Signature

Date