

- What is the benefit coverage amount per therapy session?
- What percentage of each session fee do my benefits cover?
- What is my deductible and has it been met?
- Is approval required from my primary care physician?

Since I maintain strict confidentiality, I do not release any information to insurance companies unless you have given me authorization to do so. Also, if at any time during your therapy your insurance company requires additional forms, after they have received the standard insurance forms, there may be an additional fee to cover the professional time required to complete these forms or reports. I will notify you of the necessity of this prior to completing them. I encourage you to be aware of all insurance requirements for your particular health insurance company.

If your insurance company or I require a psychiatric/medical consultation, it may be necessary for you to have a session with a psychiatrist or other medical professional. Also, I may request that you consult with another professional for such purposes as psychological testing, medication evaluation, addiction evaluation or other. These additional services will be discussed with you as soon as I become aware of their need; as you will be responsible for their costs.

With less than 24 hours notice, I often have difficulty rescheduling the appointment time reserved for you; therefore, I request that you notify my office 24 hours in advance of a cancelled appointment. 50% of the fee is charged for appointments broken or cancelled with less than 24 hours notice.

If you have any other questions about the office policies or financial arrangements for my therapy services please feel free to discuss them with me.

Effective January 2022