

JOYCE BABB, MSW, LCSW

WELCOME TO OUR OFFICE

We are committed to promoting your personal growth and wholeness through our mental health services. Because many of you will have common questions about office procedures and financial arrangements, we have prepared this general information sheet.

HOURS AND CANCELLATIONS

Full sessions are typically 50 minutes long. Each therapist keeps their own schedule and will arrange appointments directly with you. If it becomes impossible for you to keep an appointment, it is important that you call to inform us of your cancellation. Due to the policy of reserved appointment times, **any appointment which you cannot keep must be canceled no less than 24 hours before the appointment time.** The patient/guarantor may be charged the full appointment fee and will be financially responsible for any missed appointments that have not been properly canceled. We cannot bill an insurance company for a missed appointment – it is not reimbursable.

Patient Printed Name Guarantor Printed Name Guarantor Signature Date
(Person financially responsible for this account)

FEES AND INSURANCE

Charges for sessions vary according to the individual therapist and are consistent with standard psychotherapy fees in the community. **PAYMENT IS REQUESTED AT THE TIME OF SERVICE.** Other arrangements may be made with your therapist in the event of financial hardship; however, you hold the ultimate responsibility for assuring that full payment is made. Please make checks payable to your provider. We will file claims to insurance companies **with which we are under contract.** For patients whose insurance plans we are contracted with, **APPLICABLE CO-PAY AND DEDUCTIBLE AMOUNTS ARE DUE AT THE TIME OF SERVICE.** It is the client's responsibility to contact their insurance company to learn about any qualifications, limitations and benefits available to them through their insurance contract. Many insurance plans for which we are nonparticipating providers will reimburse you for some or all of the charges for services obtained at our office. If you are eligible for reimbursement under your plan, you may attach the receipt from each session to your insurance claim form when you submit your claim (**we suggest you send a photocopy, retaining the original for your records**). Any specific questions about your bill may be discussed with your therapist or our office.

EMERGENCIES AND PHONE CALLS

In the event of an emergency, you may leave a message for your therapist with our 24 hour voice mail service. A nominal charge may be made for calls placed outside of normal work hours. Extended phone consultations may also be subject to a fee.

CONFIDENTIALITY

We are committed to making this a safe place for you to get help. To that end, we adhere to all legal protections of your confidentiality.

COMMUNICATION

Good communication between us is vital to our ability to serve you well, so do tell us about problems and questions that might come up. If you don't understand an answer, or if new problems arise, let us know. We want to provide you with the best possible care, and we need your cooperation to succeed. Please contact our office if you have a concern.

AGREEMENT/ASSIGNMENT AND RELEASE

I, the undersigned, certify that I have read and agree to the above policies. I also agree that I am personally and wholly financially responsible for all charges incurred, and will assure that full, timely payment is made to our office for all services.

I further hereby authorize the doctors/clinicians or office representative to release to my insurance company or its affiliates all information necessary to process my service claim to secure the payment of benefits and assign those benefits directly to my provider including authorized Medicare benefits. If my provider is not under contract with my insurance company, however, and I submit claim for reimbursement, I authorize the doctors/clinicians or office representative to release to my insurance company or its affiliates all information necessary to process my claim for reimbursement to me. I authorize the use of this signature for this purpose and a copy of this signature is as valid as the original.

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