

Jill Gottlieb, PsyD

Licensed Psychologist

Financial Policy/Cancellation Policy

Because I value our relationship with you and believe that the best relationships are based on understanding, I offer these clarifications on payment and cancellations.

- Fees:
 - \$185 for a one-hour intake (initial appointment)
 - \$92.50 per half hour for testing (a typical evaluation takes 3-4 hours)
 - \$185 for test scoring, report writing, editing of reports (typical time commitment is 4 hours)
 - \$185 for a one-hour parent feedback of psychological test results or
 - \$277.50 for a one and a half hour parent feedback of psychological test results (more complicated cases)

Note: A typical evaluation (from intake through feedback) costs approximately \$1850
- Payment: Payment is due at the time of services. Cash, checks, credit cards, and HSA accounts are accepted. Furthermore, there will be a fee of \$25 placed on your account for any returned checks. **The psychological report will not be released to you until you have paid in full.**
- Insurance: Please note the following:
 - I am not a provider for insurance. I can submit the insurance claim for you but you are expected to pay fees for your service. Insurance companies do not cover psychological testing for developmental delays or learning issues, as they deem these services 'educational' rather than 'medically indicated', even if the provider is 'in-network'. "Medically necessary" means either that the problems you or your child have that require testing are the results of a medical issue (e.g., a head injury, Lyme Disease, a seizure disorder) or there is a psychiatric diagnostic issue that cannot be resolved just by interviewing the person.
 - Benefits are not determined by my office. Insurance benefits are determined by the type of plan chosen by your employer and will vary from company to company. Your particular policy may base your allowance on a fee schedule which may not coincide with current acceptable fees.
 - I am committed to providing the best treatment to my clients. My fees are what are considered usual and customary for our area. You are responsible for payment regardless of any

insurance company's arbitrary determination of usual and customary rates. The percentage of the fees you receive from your insurance company is determined by how much your employer has paid for coverage.

- Legal Proceedings: If you become involved in legal proceedings that require my participation, you will be expected to pay for all of my professional time (at a minimum rate of \$350 per hour), including preparation and transportation costs, in addition to any fees lost due to appointments I have to cancel to provide such services to you. This applies even if I am called to testify by another party. If you suspect that legal proceedings requiring a therapist's presence will occur, it is in your best interest to be referred to another psychologist in the community who is experienced in this area and is open and willing to assist you with such services. I do not engage in court proceedings unless required by law and discourage new clients from utilizing my services if they foresee this possibility in the future
- Past Due Accounts: If payments are not made within sixty (60) days, I will take the necessary steps to collect this debt through a collection agency. The cost of the agency (35%) will be added to the cost of your bill. As well, it is customary for an additional 1% to be added, as that is interest the money would earn if it were in the bank.
- Cancellation Policy: You are requested to give adequate notice of cancellation; no less than 48 hours is expected. Consideration will, of course, be given if an emergency. Any appointment cancelled with less than 48 hours notice and not rescheduled will result in a cancellation fee of \$50. Repeated cancellations may result in either forfeiture of permanent appointment or termination of services. Failure to contact the office prior to appointment time will be considered a "no-show", and a full fee-for-service will be charged.

I will do my best to maximize the insurance benefits that you are eligible to receive and I appreciate your prompt settlement of any charges. I look forward to working with you and your child.

I have read the Financial Policy/Cancellation Policy. I understand and agree to the Policy.

X _____

Signature of Client/Responsible Party

Date