

KORMAN AND ASSOCIATES, PC

FEE POLICY

Our usual and customary charge for the initial session is \$125.00. Follow up sessions of individual and/or family therapy are \$115.00 per session.

We are participating providers with most major insurance companies and will file insurance claims for services provided to you. Copayments and deductible amounts are payable at the time service is rendered. If your plan requires an authorization, it is your responsibility to assure one has been obtained.

Should you request services that are not authorized or covered by your insurance carrier, you will need to give written authorization for the services and make payment at the time service is rendered. One such service is a letter or report summarizing the course of treatment. This includes FMLA paperwork. The minimum charge for a report is \$30.00. Court appearances are not covered by insurance companies either. Our fees for traveling to and from court and appearing on your behalf are \$300.00 an hour.

We work by appointment only and your appointment time has been reserved for you. Late cancellations and failed appointments limit our ability to be available to others. Therefore our policy is:

- A missed appointment without providing 24 hour notice (by 4pm the day before), will result in a \$40.00 fee.
- An appointment rescheduled or cancelled within 4 hours of the scheduled time, will result in a \$25 fee.
- An appointment rescheduled to a different time on same day- schedule permitting- will not incur a charge.
- Continued late cancellations or failed appointments will be addressed as a clinical issue and may result in termination of services.

CONFIDENTIALITY

The information you share with your therapist is not divulged to anyone without your written consent. There are some exceptions:

- If we learn of child abuse or abuse of disabled adults or senior citizens, we are required by law to report it to the proper authorities.
- If we believe that you present an imminent danger to yourself or others, we will disclose information in order to help protect persons from harm.
- If we are required to present information/records to comply with a court order, it is our legal responsibility to do so.

In addition, your de-identified information may be used for peer consultation and/or supervision.

If you have any concerns or questions regarding our fees of confidentiality policy, please let us know. By signing this document you acknowledge that you have read, understood and accept the information presented here.

Client/Guardian signature and date