**Yeshim Oz, MA, LIMHP**

**Licensed Independent Mental Health Therapist**

**Financial Information**

**Regular Therapy Services:**

**For Individual Psychotherapy:** The intake session is $190.00. Each succeeding 45-min session is $160.00. Any other payment or fee arrangement must be worked out before the end of the first meeting.

**Sessions with Couples:** Each session is 55-60 minutes in duration. The fee is $170.00.

**Insurance information/Third party payment:** I am a licensed mental health provider, so many insurance plans will help pay for therapy services I offer, if you choose to use your health insurance. You may obtain benefit information from the customer service number on your insurance card. **Your insurance co-pay must be made at each visit.** There is a possibility that your health insurance plan will not cover outpatient mental health services.In either case, **the financial responsibility for services is yours as a client/parent.** Please note: Occasional contact with collateral professionals, e.g., school officials or preparation of report/letter may be needed and most insurances companies do not cover these expenses. This will require me to bill you directly.

**Cancellation Policy:** **24-hour notice** is required for all cancellation/appointment changes. There will be a flat fee of $ 100.00 for all late cancellation or failure to show.

* I understand that my insurance will not cover cancellation charges:\_\_\_\_\_\_\_(initials.)

**Collection Policy:** Please read carefully. I expect you to pay for services rendered promptly. In most cases the credit card information you provided, which is kept in file and securely, is charged regularly after each session. However, If you have a balance older than 45 days, you will receive a notice to pay it in full, unless a special payment arrangement has been made and is already in place. **For balances older than 90 days, I reserve the right to hand the case over to my lawyer or a collection agency.**

**Patient/Parent/Guardian Agreement:**

Yeshim Oz, MA,MS,LIMHP has notified me that there is the possibility that outpatient mental health services may not be covered by my health insurance. **If my insurance is not in effect today or a service is not a covered benefit, I agree to be financially responsible for the charges that occur today and any subsequent charges that may occur.**

I give this office permission to release any information to my insurance company during treatment of me or my family, which is necessary to obtain authorizations or support any insurance claims on this account and secure timely payments due to the assignee or myself.

**Assignment of Benefits:**

I hereby assign medical benefits, including those from government-sponsored and other health plans to Yeshim Oz, MA,MS,LIMHP. A photocopy of this assignment is to be considered as good as the original. I agree to the above statement and attach my signature below.

Client (or parent/guardian signature):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_

Printed name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_