



Practice Policies

Welcome to my practice of psychology. Because you are entering a professional relationship with me, I would like to clarify several common features of our work together to prevent misunderstandings in the future.

Length of Service: Therapy or evaluation sessions are usually 50 to 55 minutes and begin either on the hour or the half-hour. Occasionally, sessions may run over. If sessions are extended past sixty minutes, an additional prorated fee for each quarter-hour will be assessed at \$175.00 per hour. If I am responsible for a sessions starting late, I will either make up the time or reduce the fee for that contact.

Phone Calls: There is no charge for brief phone calls under fifteen minutes. Calls of longer duration will be prorated at my current hourly fee.

Cancellations & Missed Appointments: Appointment times are to be established by mutual agreement. You are financially responsible for attending your sessions at the scheduled time. Please note the insurance companies do not reimburse for missed appointments. Failure to attend a session without 24 hour notice will result in the session being billed at the regular rate. Because special circumstances do occur, late cancellations will be permitted on a case by case basis. Similarly, if I have to cancel an appointment less than 24 hours beforehand, you will be offered a free appointment for your inconvenience. Rarely, emergencies do occur and your understanding is appreciated at those times. _____ **Initials**

Vacation Coverage: Please inform me if your vacation plans will disrupt our regularly scheduled meetings. Likewise, I will give you notice when I am going out of town. Customarily, I try to give two weeks notice. During my absence, you will be provided with the name of another clinician who will cover for me in the event of an emergency. **Initials** _____

Fee for Services: My basic fees are for therapy are \$150.00 for sessions that are 45 minutes or less and \$175 for sessions of 45 to 60 minutes. Please note that sessions lasting up to one hour are my normal practice. Please let me know if you want to be seen for shorter sessions and we can discuss it. Professional consultation and forensic services are \$250.00 per hour plus expenses. These fees may be adjusted based on my discretion or by the terms of my contracts with insurance providers. I offer discounts for individuals that are retired, work in nonprofit agencies, childcare providers and school district employees. Let me know if you qualify in one of these categories and we can discuss a discount. Discounts are normally about \$50 per session.

Payment is expected at the time that services are rendered unless other arrangements have been agreed upon or specified by your insurance carrier. _____**Initials**

If prearranged, monthly reimbursement can be established by mutual agreement. Monthly payments can be made by check, cash or Credit or debit cards. Payments for the previous month services are to be paid by the 15th day of the next month.

All clients are required to leave an electronic form of payment on file to be used in the event of unpaid balances as discussed below. _____**Initials**

Emergent or after hours appointments are billed at \$250.00 per hour plus a minimum fee of \$75.00 for travel time. These appointments are the responsibility of the client and must be paid in full at the time of service. Ordinarily, I do not bill these urgent appointments to insurance companies. Therefore, the responsible party is financially liable for all fees.
_____ **Initials**

Late Payments: Clients with outstanding balances will have the option of setting up a payment plan. This plan must include monthly payment of at least 10% of the current balance. Unless, specific arrangements have been made, payments not received within ninety days of the service date are subject to 1.5% interest per month. Clients who are late in paying their monthly balance and have not set up an acceptable payment plan will be charged the outstanding balance on the credit card on file after 60 days. _____**Initials**

Outstanding debts in which no payments have been received for five months will be considered for collections. If your account is sent to a collection agency, Dr. Mahler has the right to release your name and general information necessary for the Collection Agency to service the account. However, the confidentiality regarding the clinical details of the treatment will be maintained. If collections or legal actions are necessary, the fee charged for these services will be added to your bill. _____**Initials**

Insurance Coverage: I am a provider on the following insurance panels : Anthem, Aetna, Blue Cross & Blue Shield, Rocky Mountain Health Plans and Tricare. I am not accepting Medicaid, Medicare United Healthcare or Cigna. My billing service, Ashland Medical Management, processes your insurance information and bills your carrier on a monthly basis. They will send you a monthly statement with your estimated out of pocket costs. Alternatively, you have the option of paying the session cost at the time of services and being reimbursed by the carrier or assigning the insurance benefits directly to Dr. Mahler.

If you elect to have your health insurance cover some of the costs associated with your treatment, you assume the following responsibilities:

- a. You must provide all the necessary documentation for proper filing and management of your account. This includes both information necessary to file the claim and information on limitations or conditions associated with mental health services. Many insurance plans have limitations on either the number of sessions or the total amount they will pay for mental health services. Please keep track of this information and discuss with me how to work within these limitations if necessary.*
- b. You must keep track of how many sessions were authorized by your carrier and notify Dr. Mahler at least two sessions prior to needing additional services authorized. Otherwise, you may have to pay for any unauthorized sessions.*
- c. Any change in benefits or insurance carrier must be given to Dr. Mahler within thirty days of the change. Typically benefits can change annually or when a job change occurs. You are then responsible for getting any new authorizations required by the change. You will also be responsible for all costs not covered during the transition to a new carrier.*
- d. At the time of your first session, a deposit of \$250.00 is required and will be posted to your account as a credit to cover any co-pays or other fees not covered by your insurance carrier.*

_____ **Initials**

The signature below indicates that you have elected to use insurance benefits to cover some of the costs associated with your treatment. You agree to have Dr. Mahler and his billing service, Ashland Medical Management, collect and submit the medical information required by your insurance carrier and submit that information directly to them for reimbursement. To do so, you will need to complete an insurance form with all relevant information and sign the releases allowing this transfer of information to occur.

Client or Guardian Signature

Some clients may have out of network benefits that can cover part of your costs for treatment. Please let me know if you want to use these benefits. I will provide you with a superbill monthly that can be used to file with your insurance carrier to see if they will partially reimburse your costs. Please note in these cases, you are responsible for paying for services at the time they are delivered and getting reimbursed later directly from your insurance carrier.

Finally, many clients have Health Savings Accounts or HSAs that can be use to pay for services. Please check with your health plan provider to make sure you can use these benefits to pay for services provided by Dr. Mahler. If applicable,

you can use the debit card associated with your HSA account as a form of payment. You will receive a monthly statement electronically that can be submitted to your HSA administrator to validate your use of the HSA as a form of payment.

I have read and understand my responsibilities as it relates to Dr. Mahler's Practice Policies. I understand that by signing this statement, I agree to pay all treatment costs that are not covered by a third party such as an insurance plan. I also understand Dr. Mahler's policies with regard to late payments and my financial responsibilities in that case. I agree to provide a credit card to be kept on file that can be used to take care of charges that are 60 days past due.

Client or Legal Guardian

Relationship to the Client

Date