

This form applies to all clients regardless of payment method.

“2010 Standard Office and Billing Procedures”

- Your appointments are reserved just for you. There will be a \$25.00 charge for each missed appointment not cancelled with a 24 hour advance notice.
- All sessions are 45-50 minutes long.
- Immediately report any change of Address or Telephone Number Since your Last Visit.
- You are responsible for any amounts not covered by your plan, this includes:
 - This years deductible (2010)
 - Co-insurance required for 2010
 - Co-payment
- All payment is due when services are rendered.
- If you do not get a receipt when paying cash or with credit card – Please request one.
- You are required to inform us if there have been any changes in your Health Insurance. Please bring your current card with you. I do not participate in all insurance panels; please call to confirm if I am a provider with your new insurance.
- If you are covered by an insurance under which I am not a participating provider, You will be responsible for the full fee. You will be mailed a coded bill you can send to your insurance
- If you receive a payment check directly from your insurance as a result of our billing, you are responsible for payment in full or remainder difference in accordance to the amount approved by your insurance
- If you are not covered by Health insurance. You will be responsible for the full fee.
- If you have reached the maximum authorized sessions for the calendar year under your insurance, you will be responsible for full payment of subsequent sessions. The full fee will be in accordance to your insurance fee schedule. You will need to sign a request for continuation of therapy.
- There is a **\$30.00** Service Charge on all Returned Checks.
- We can not be Responsible for lost Articles. Please secure your belongings.
- For your convenience we accept 
- All written reports convey a separate fee which will be billed directly to you and for which you will be responsible.

By signing below, I hereby acknowledge that we have read and discussed the 2010 Office and billing procedures as noted above. Furthermore, I acknowledge that I have received a copy and I accept these 2010 Office and billing procedures presented by Gladys Cardona L.C.S.W., A.C.S.W.

Signature **X** _____
Client or legal representative

Date: _____

A SIGNED ORIGINAL WILL BE KEPT IN CHART