

Psychotherapy Associates of Chicago, LLC
1300 West Belmont, Suite 20B
Chicago, Illinois 60657

Contact Information

Name(s) and Address

Home Phone

Cell Phone

Work Phone

DOB

SS#

Email Address

Treatment Guidelines

Independent Contractor Status: Psychotherapy Associates of Chicago LLC is a collection of independently practicing clinicians. Each therapist carries his/her own malpractice insurance and is solely responsible for his/her treatment and standard of care. Psychotherapy Associates of Chicago LLC and the other therapists within the practice cannot be held responsible for another clinician's treatment. Concerns need to be addressed with the client's therapist.

Length of Session: Therapy sessions are scheduled for 45 minutes. Sessions that exceed 45 minutes will be billed at \$25 for each additional 15 minute increment. If permitted by the client's carrier, longer sessions may be billed to insurance.

Cancellation Policy: A 24 hour notice is required to cancel appointments, unless in cases of emergency. Failure to notify the therapist will result in a full-charge for the time reserved. Clients are responsible for this fee, as insurance will not be billed for missed sessions.

Phone/Email Policy: Clients may contact their therapist via phone and email. A therapist will not charge for return calls or emails, provided that it does not require over 10 minutes of the clinician's time. The client will be charged for any time exceeding 10 minutes, at a rate of \$25 per 15 minute increment. Each client is responsible for this fee, as insurance will not be charged.

Patient Emergencies: Clients must be aware that therapists are not available on a crisis or emergency basis. Similarly, although a client may leave a message for his/her therapist, there may be an extended period of time before the clinician receives and/or responds to the message. If clients require immediate assistance, they must call 911 or go to the nearest emergency room.

Confidentiality: All material discussed within a session is confidential and cannot be released to another person or agency without client approval. However, clients using insurance may be required to release additional information, which varies from plan to plan. Clients may also consult the HIPPA form. Additionally, the therapist is legally obligated to break confidentiality in the following cases:

- 1) The client presents a clear and imminent risk to his/herself or others.
- 2) The client discloses or there is suspicion of neglect, physical abuse, and/or sexual abuse of minors, persons with disabilities, or the elderly.
- 3) There is a court ordered valid subpoena.

Professional Consultation: In order to ensure proper treatment, the therapist may seek outside consultation with other professionals in order to discuss a case. In order to protect confidentiality, no identifying information will be provided to the consultants, unless the client provides permission.

Treatment Disclaimer: Therapists will attempt to help clients to feel comfortable during sessions and assist them towards meeting goals. However, patients should be aware that psychotherapy may periodically produce heightened feelings of emotional distress and discomfort. If this occurs, clients should notify their therapist in order that the symptoms are properly addressed.

Fee and Payment Guidelines

Cost: Sessions are billed at a rate of \$100 per session.

Responsibility: Clients are responsible for all treatment costs. Clients using insurance will also be responsible all non-reimbursed services. These non-reimbursed costs may include deductibles, copayments, claim rejections, missed sessions, and non-covered procedures.

Timely Payment: Payment is due at the beginning of each session. In order to make the most efficient use of the session, clients are encouraged to write the check in advance.

Cancellations and Missed Sessions: Clients will be directly charged for sessions cancelled without 24 hours notice, except in cases of emergency. Insurance plans will not be billed for missed sessions. Failure to arrive for two consecutive appointments will result in the suspension of treatment, requiring clients to contact the therapist.

Insurance Coverage: Prior to treatment, clients are strongly encouraged to contact their carriers to determine coverage and benefit information. Therapists are not responsible for finding this information.

Authorizations: If pre-authorization is required by the insurance company, clients are responsible for obtaining the initial authorization. Subsequent authorizations may require involvement from both client and therapist. Therefore, clients should be aware of how many authorizations have been approved and how many sessions have occurred.

Copayments: Copayments are due at the beginning of each session. If a client is unaware of the copayment amount, they will be charged a flat \$25 fee. Once benefit information is determined, the client will be reimbursed for overpayment or charged for the unpaid balance.

Claim Rejections: Clients should be aware that their insurance claims may be rejected by their carrier. If so, efforts will be made to correct mistakes and the claims will be resubmitted. After two rejections, however, the client will be directly billed for the

unpaid services. Clients then have the right to contact their carrier and seek payment. If the carrier eventually makes payment to the therapist, the client will be reimbursed.

Billing Delays: Due to long paperwork delays, clients should be aware that there may be a period of weeks or months between the time of a session and the determination from the insurance carrier. Regardless of the length of elapsed time, clients continue to be responsible for payment.

Returned Checks: Clients will be held responsible for the cost associated with returned checks or denied credit card payments. The cost of a returned check is an additional \$20.

Securing Services: In order to ensure payment, clients using insurance are required to secure services with a credit card. If the client has been sent an invoice and does not send repayment, this card will be charged the balance after two months.

Credit Card Number

Expiration

Collections: If a client does not send overdue payment and his/her credit card is denied, the account will be sent to collections. Clients will be held responsible for all associated collection fees, assessed at an additional 30% of the outstanding balance.

I, _____, have read, understand, had time to ask questions, and agree to all the treatment and payment guidelines. Additionally, I hereby agree to have my credit card charged for all outstanding debts. I understand that I have the right to end therapy at any time, as well as refuse any suggestions or requests made by my therapist.

Client(s) or Parent/Guardian

Date

Witness

Date