

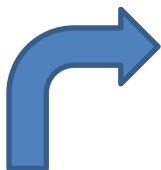
# Naomi Heller, MSW, LICSW

## FINANCIAL POLICIES FORM

### INSURANCE/BILLING PROCEDURES

- It is important for you to understand your insurance coverage. For any benefit information, please call the member number on the back of your insurance card. It is your responsibility to check your plan's limitations, exclusions, and deductibles.
- In order to comply with health insurance contracts, payments are due at the time of service or immediately following insurance claim processing. We are not allowed to waive any co-pays, deductibles, or coinsurance amounts due because this would be a violation of the contract we have with insurance providers.
- Any insurance plan that has a deductible or co-insurance is required to have a credit card on file.
- If you are electing to pay privately, the entire service fee is due at the beginning of each session.
- It is your responsibility to provide us with the most updated insurance information. You will be responsible for any claims denied or not covered by your insurance company due to inaccurate information or lapse in coverage.
- In the case that a bill should accrue and you are not able to pay the full amount, you may complete a payment agreement with your therapist. If the payment agreement is not honored, your therapist has the right to charge any remaining fees to the credit card number provided in your file.
- **YOU ARE RESPONSIBLE** for charges not eligible and/or covered by your plan. If you end treatment at any time, you are responsible for any remaining portion of the bill.
- If the payment agreement is not honored and/or there is any portion of the bill that has not been paid within 60 days of ending treatment, Naomi Heller, MSW, LICSW reserves the right to turn the bill over to a collection agency. By signing this form, you are acknowledging that in this circumstance, **YOU ARE WAIVING YOUR RIGHT TO CONFIDENTIALITY.**

Please turn over to complete



STANDARD RATES FOR THERAPY SERVICES:

- Diagnostic Interview: \$175
- 45 Minute Play Therapy Session: \$120
- 1 Hour Child Therapy Session \$160
- Play therapy interactive code \$20 +
- 1 Hour Individual Therapy Session \$160

COURT AND OTHER FEES NOT COVERED BY INSURANCE

SERVICE	FEE	UNIT
Court Appearances *includes travel time to and from court	\$250	60 minutes (billed by 15 minute increments)
Report Writing	\$100	60 minutes (billed by 15 minute increments)
Phone or in-person consultation fees	\$100	60 minutes (billed by 15 minute increments)
Late Cancelations/ No-Shows	\$50	N/A

\*\*In the event that we would need to charge your credit card, we will notify you by email 24 hours prior to doing so. Please indicate what email address would be the best one for us to send this notification to:

\_\_\_\_\_

Credit Card #	Expiration Date
Cardholder Name	CVV Code

\_\_\_\_\_  
Client/Guardian Signature

\_\_\_\_\_  
Date