

## **PAYMENT POLICIES**

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### **GENERAL INFORMATION**

In order to provide individuals with the highest quality of service, Theresa Cerulli, M.D. and Associates do not contract with insurance companies. We apologize for any inconvenience this may cause and do realize you have a choice of mental health providers. This decision is based on our commitment to provide individuals with the best possible treatment, free of managed care and insurance restrictions. Therefore, all services are provided on a private-pay basis only and are collected at the time of service. For your convenience, we are able to accept checks or credit cards as payment. Rates for clinical services will vary by time and clinician. On average, the physician's rate is \$300.00 per hour. Also, if you are seeking reimbursement from third party payers yourself, we are not be able to be directly involved in that process, but can assist by providing you with a statement of services, dates, charges, procedures and diagnostic codes. We are unable to complete HICF forms, fill out other authorization or referral forms, make phone calls, or take part in an appeals process for payment.

### **CANCELLATION POLICY**

We require a minimum 24 hour cancellation notice prior to your appointment. You will be charged \$100.00 for failure to provide the minimum 24 hours notice for all missed or cancelled appointments. **Kindly initial, stating that you are aware of the \$100 fee for any missed or cancelled appointments without 24 hour prior notice.** \_\_\_\_\_ *(Please Initial Here)*

### **ADDITIONAL SERVICES**

Writing letters and clinical reports, completion of disability forms or extensive telephone calls (billed in increments of 15 minutes) will generally be charged at a rate of \$200 per hour.

Team meetings at schools or any other off-site consultative services requested will be charged at the standard hourly rate of the clinician providing the service. Travel time will be billed at the same hourly rate.

### **TESTING**

Testing cost varies dependent upon the recommended testing modules. Costs will be discussed based on the clinician's recommendations prior to administering the tests so that you may make an informed decision.

### **LEGAL TESTIMONY/REPORT WRITING**

Sometimes during the course of evaluation and treatment a client may request a letter or report to a third party for legal purposes, or request that depositions or legal expert witness testimony be provided by their treating clinician. If it is determined that such action is in the client's best interest, the clinician will proceed, with written consent from the client, to offer such services at a rate of \$300 per hour plus expenses discussed in advance, payable at the time of service. Travel time will be billed at the same hourly rate.

In the event that a formal subpoena for records or testimony is received, the policy will be as follows: 1) The client will be notified in writing and provided with a copy of the subpoena 2) The client must either provide the clinician with a waiver of objection to the subpoena in writing **OR** 3) the client must indicate than an objection will be filed with the court by the client's attorney with a copy sent to the clinician **AND** 4) if an objection to the subpoena is to be filed with the court it is the responsibility of the client to do so. All services provided and expenses incurred by the clinician for court-related issues such as but not limited to contact with attorneys, depositions, travel, and courtroom proceedings will be charged to the client as per our regular professional fees and payment policies. Payment in full is required prior to release of legal documentation.

**I have read, understand and agree to abide by the policies as written above.**

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**Print Name**

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**Signature**

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**Date**