# ALAN KAISER, LCSW, PMHNP

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OFFICE POLICIES AND AGREEMENT

# BILLING POLICY:

If requested I will bill your medical insurance company. Please be aware that many insurance companies require submission of information related to billing, diagnosis and treatment in order to process claims. While I try to keep this information to a minimum some insurance companies will request more detailed information. Please feel free to discuss your medical insurance and relevant financial situation, and ask any questions regarding my fees and billing practices. It is important to understand these financial details so as to avoid later misunderstandings.

Please remember that you are ultimately responsible for payment of all fees. While it is understandable that you may not have the co-payment or deductible at the time of the initial visit, it is expected that you return payment upon receiving the first billing statement and bring each subsequent co-payment at the time of each visit. Monthly billing statements will be mailed and it is expected that you will promptly pay any outstanding amounts due. If you are having a financial hardship please let me know so that we can try to work out an equitable payment plan.

SCHEDULING POLICY:

Appointments can be made and broken through face-to-face dialogue, phone conversations and email. It is customary for the initial appointments to balance an adherence to the assessment process while providing room for spontaneous and natural interaction. This is a time of mutual evaluation and testing and concludes with and assessment of the quality and depth of dialogue and experienced comfort and judgement of the potential for a treatment to remediate and/or improve the presenting difficulties. Once the treatment plan—the methods and goals for the work--is negotiated it is customary to then schedule regular appointment times—as continuity and frequency of appointments are equal in importance to the fit between the client and clinician and the proposed methods for achieving the desired outcomes/goals—and are expected to supersede all non-urgent life circumstances.

# CANCELLATION POLICY:

Once an appointment, or more commonly reoccurring appointments—is (are) scheduled, both the therapist and client are expected to arrive on time and fully prepared to engage in the treatment process. If unable to attend, both the client and clinician are expected to provide at least 24-hours notice of intention to cancel. This not only provides flexibility to consider how best to use the time in the pursuit of professional and personal goals.

Missed appointments without cancellation will be billed at the allowable hourly rate. As insurance companies will not pay for failed appointments, those clients with insurance will be responsible for paying this fee in its entirety. Should the clinician fail an appointment, depending on the specific circumstances, the client will be offered a flexible make-up time and a percentage of the out-of-pocket expenses (including co-payments and deductibles) will be written-off.

TREATMENT AGREEMENT:

Please understand that by signing this form you are agreeing to enter into a dialogue with Alan Kaiser, PMHNP, LCSW, for the purpose of understanding the particular difficulties for which you are requesting help, as well as to look at your possible options for clinical and/or medical intervention. While you may be asked questions so as to gather important and relevant information, it is also hoped that you will take a leadership role in this dialogue. My main efforts will be directed to helping you to better understand your difficulties and assist you in reviewing and choosing an appropriate treatment approach(s). All psychotherapeutic and medical interventions have the potential to help and to hurt. It is common for patients to initially feel worse after talking about their struggles and frustrations and then, feel better when their understanding deepens and remedies begin to emerge. Medications frequently have side effects that precede their therapeutic effects. Any treatment initiated will be based on a sound understanding of your situation, goals and values and will be the result of a conjoint agreement between you and myself. Please feel free to discuss any concerns you may have with the assessment, diagnosis or treatment process. Remember this is your treatment.

FINANCIAL AGREEMENT:

In exchange for the psychotherapy and medical services provided I agree to pay all fees related to the services provided as well as any interest charges and/or collection fees for unpaid balances in excess of 30 days. These fees include:

* + Insurance deductibles are due and collected at the end of each session.

* + Insurance Copayments are due and collected at the end of each session.
	+ If paying out of pocket the negotiated fee for each session is due and collected at the end of the session.
	+ For those taking controlled medications, such as Adderall, when requesting a prescription outside of normal appointments a $50 fee may be assessed and you will be asked to provide credit card information for payment.
	+ Failed appointments and appointments cancelled with less than 24 hours notice will be billed at rate of the planned for service –– generally between $100 and $150 –– payable at the time of your next session and/or when you receive a billing statement. Texting and voice messages (but not email) are acceptable ways to cancel and/or re-schedule appointments to avoid this fee.
	+ Outstanding balances of over 30 days duration may accrue an annual interest charge of 18%.
	+ Outstanding balances of over 90 days duration may be sent to collections.

Entering your name and the date of action constitutes your acknowledgement and understanding of the above policies and your acceptance of and agreement to keep your responsibility for the timely payment of fees, timely arrival for appointments as well as agreements made as part of your specific Treatment Plan.

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 Client Signature date

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 Therapist Signature Date