

Fee Policy - Insurance

I am a provider on some insurance panels. Check your insurance benefits for information specific to your plan. Before you see me, contact your insurance company to verify your mental health benefits/EAP (Employee Assistance Plan). If required by your insurance company, you need to obtain pre-authorization for therapy and will need to provide that number to me in advance of our first session. When verifying your benefits, check to see if you have met your deductible and if you have a copay/co-insurance. Your copay/co-insurance is due at the time of service (session). If you have not met your deductible, you will need to pay the amount of the insurance payment at the time of service. Any amounts owed are payable by credit card. An administrative fee will be added to the amount charged.

At your first session, bring a copy of your insurance card—both front and back.

Session times (amount of time) varies by insurance company. A therapy “hour” is usually between 45 and 60 minutes. Sessions may be continued beyond your insurance’s contracted time (at the same rate billed in 15 minute increments) at the request of the patient and the discretion and availability of the therapist.

Without 24 hours’ notice of cancellation or rescheduling by phone, missed appointments are your financial responsibility (insurance does not pay for missed sessions). The amount owed is based on the insurance rate for the amount of time scheduled. If you are late for an appointment, the session will still end at the regular time. The cost of the session will not be pro-rated.

Any court-related services (such as report writing, consultation with lawyers, depositions or attendance at courtroom proceedings) will be billed at my forensic rate of \$500 per hour. These court-related services are not handled as insurance matters and are not submitted for insurance payment.

If you have an unpaid balance, do not complete payment on the unpaid balance of your account within a reasonable period of time (i.e. 30 days) and have not arranged a payment plan with me, please be aware that the account may be referred to a professional collection agency. That agency may require that I release identifying information such as your name, address and dates of service. By signing this form, you agree to waive confidentiality as to the collection and signing this form specifically authorizes me to release your information to the collection agency.

I have read and understand the fee policies described above and understand that they will govern my fee agreement with Sharon Kocina. I hereby agree to uphold the terms described above.

Client’s signature

Date

Client’s signature

Date