Susan Bieber, Ph.D.

PLEASE READ CAREFULLY

1. I would appreciate at least 24 hours notice if you will not be keeping your scheduled appointment. Other clients will appreciate your courtesy in releasing this time for them.

2. Individual appointments which are not kept or canceled within the prescribed period will be billed at the usual rate, $190.00 for an initial evaluation and $170 for a session. Insurance companies will not reimburse for a missed appointment. The patient is responsible for this bill. A new appointment will not be scheduled and already scheduled appointments will be canceled until all outstanding fees are paid. Frequent cancellations, even with 24 hours notice, are disruptive to the therapy and to scheduling. I reserve the right to not reschedule someone who cancels frequently.

3. Payment will be appreciated at the end of each office visit. I do not accept credit or debit cards. Now that sessions are remote I am using Venmo for payment. My Venmo handle is @Susan-Bieber-12.

To protect your confidentiality, please mark your Venmo payment as private and only list the date of service. Please do not include details regarding the nature of the appointment.

4. Any returned checks must be replaced for the amount of the check plus a $20 service charge.

5. Many health insurance policies require an individual or family to pay a specified deductible before they begin reimbursements. The patient is responsible for this deductible amount.

6. Many health insurance companies change reimbursement policies or patients mistakenly believe they will be reimbursed at a rate higher than the policy will allow. It is your responsibility to determine your type and extent of health insurance coverage, and you will be responsible for all balances following claim settlement by your insurance company.

7. I authorize the release of all medical information necessary to process claims, including by electronic means if available.

8. I authorize payment of medical benefits to Susan Bieber, Ph.D. Please feel free to ask if you have any questions regarding any of the above policies. Your cooperation is greatly appreciated. Thank you! I have read the above and agree to abide by the conditions stated therein.

9. My hourly fee is $170. In addition to weekly appointments, I charge this same rate for other professional services you may need, though I will prorate the hourly cost if I work for periods of less than one hour. Other professional services include report writing, letter writing, filling out forms, telephone conversations lasting longer than 3 minutes, attendance at meetings with other professionals you have authorized, preparation of treatment summaries, and the time spent performing any other service you may request of me. If you become involved in legal proceedings that require my participation, you will be expected to pay for any professional time I spend on your legal matter ($300/hr), even if the request comes from another party.

Please feel free to ask if you have any questions regarding any of the above policies. Your cooperation is greatly appreciated. Thank you!

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Signature_____ Date_____