Sue Teich, LCSW-R 28 E Old Country Road, Hicksville, NY 11801 646-483-2918

2015

I understand that I am responsible for any deductible, co-pay or co-insurance for my therapy sessions and I will pay this amount directly to Sue Teich, LCSW-R either by check or cash. Co-pays are due at the time of each session. If there is money due at the time an EOB is received by therapist, this money is due the following session after I am notified**. I also agree that unless I give 24 hour notice to cancel** a session, I am responsible for the full fee of that session equal to what the insurance company pays my therapist. This money is due either at my next regular session or at the time that I make up the missed session. I understand that a make-up session may be offered to me if possible, within the same week that I missed my session. In addition**, if I change my insurance company I must notify my therapist** in advance, since therapist may not be on new insurance company’s panel. If I do not notify my therapist that I have changed my insurance company, and I continue treatment, if therapist is not on new insurance companies panel I will be responsible for payment for sessions at a rate of $80.00 per session.

Signature and date :

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