

3. Patient Financial Responsibility

Client Full Name:

If you need to cancel or reschedule an appointment, please contact your therapist at least 24 hours prior to the appointment so they can schedule another client during that time. You can leave a confidential voicemail when you call (516) 350-8564, any time 24 hours a day/7 days a week. Your therapist will make an effort to reschedule your appointment for a mutually convenient time.

- If you don't contact your therapist to cancel or reschedule 24 hours prior to the session or don't show up, you'll be charged \$50 for the missed session (a charge which insurance companies don't cover).
- Missed appointments include, but are not limited to, the unfortunate experiences of forgetting an appointment or having something else important come up that conflicts with our appointment. 2 consecutive canceled/no show sessions will result in client termination.
- Severe weather. If the driving conditions are such that you do not feel safe driving to our office, please call as soon as possible. If you don't call, regardless of weather conditions, you'll be charged for the missed session.
- Emergency or medical situations. If the sudden onset of a significant health or medical situation or unexpected emergency results in a late cancellation or missed appointment, the missed appointment charge will be waived at your request regarding such a situation. We ask that you reserve this request for circumstances that truly prevent you from getting to our appointment or notifying your therapist a day in advance. Please call your therapist as soon as you can in such situations so they can reschedule and/or verify your next appointment time.

All copays, coinsurance, and deductibles are due at the time of session. The credit card on file will be charged within 24 hours of the kept appointment. The Cancellation, No-Show fees, Co-Pays, and any other balances due are the sole responsibility of the patient and must be paid in full and will be charged to the credit card on file. NPPC reserves the right to confirm the validity of the credit card provided here or any future credit card update you provide.

You may see a nominal amount (usually less than \$2.00) appear on your bank or credit card statement.

This amount is not a charge: it is only an authorization validation which will drop off from your account within 7 days of posting.

Patient's Name::

Social Security Number:

Name On Card:

Credit Card Number:

Expiration MO/YR:

CVC Code:

Billing Zip Code:

Does this credit card belong to you or someone else?:

If this credit card belongs to someone else, please have the person sign and initial below.
if it is your credit card then you should sign and initial below.

** I have read and understood the above information regarding all fees and authorize Nassau Psychology PC to charge my credit card above for agreed upon services and fees including no show & late cancellation fees, copays, coinsurance, and deductibles. I understand that if I cancel less than 24 hours in advance of my session time or if I miss my session my credit card will be charged \$50. I understand that my information will be saved to file for future transactions on my account.

Initial:

By typing your name in this field you consent to the above charges to your credit card:

Date:

Time:

Insured Name:

Insured Date Of Birth:

Relationship to insured:

Insurance Plan:

Insurance Member ID:

Additional Insurance:

Additional Insurance Member id:

We understand that situations arise in which you must change your insurance coverage. Since each insurance company and plan is different, you must provide us with your new plan card and ID # prior to the new effective date. As soon as your insurance changes you must send the new information as soon as possible. Although we accept many insurance companies and plans, we do not accept all insurance companies or plans. Even within the same insurance company, changing your plan may limit your benefits, increase your deductible, or

even result in loss of your benefits with this office.

Patients who change insurance plans to ones that we do not accept or if there is a lapse in coverage will be liable for charges for those sessions.

Session fees are the sole responsibility of the patient and must be paid in full before the patient's next appointment. Our practice firmly believes that a good psychologist/patient relationship is based upon understanding and good communication.

Please initial that you have read, understand, and agree to this Change of Insurance Policy.: