



Ancera Psychology Associates, PC Office Policies

PAYMENT POLICY

Fee Schedule

Psychotherapy and evaluation is billed at \$200.00 for the first session, and at \$125 per 45-minute session thereafter. Fees for shorter or longer sessions will be prorated accordingly.

Payment Plans

We offer two plans for payment of our fees. Please check the payment plan you would like to use. Please feel free to ask your therapist about our payment plans.

___ Plan A: I will pay in full at each appointment by cash, check or credit card (Visa or Master Card) and request that you do not bill my insurance company.

___ Plan B: I will pay my co-payment amount at the time of each visit. I will check with my insurance carrier regarding my co-payment amount; until this amount is established, I will pay 50% of the fee charged. I want you to bill my insurance company.

It is our policy to bill your insurance company as a courtesy to you if you request that we do so. Please remember that you are responsible for fees not covered by your insurance company. If paying by check, please write your check in advance so that time during our session will not be taken up with preparing payment.

Some services and charges may not be reimbursable by health insurance. These may include but not be limited to psychological testing, telephone calls, and missed appointments.

Cancellations and Missed Appointments

If you are unable to keep a scheduled appointment, we ask for notification 24 hours in advance in order to make that time available to other clients. If you fail to cancel your appointment or cancel without adequate notice or cause, you may be charged a fee of up to the hourly rate. Such charges are not covered by insurance.

I have read the PAYMENT POLICY and I understand and accept responsibility for the above-mentioned terms.

Signature _____ Date _____

Please see reverse.

IF USING HEALTH INSURANCE, PLEASE READ AND SIGN BELOW:

I authorize the payment of medical benefits by my insurance carrier to Ancera Psychological Associates for services rendered.

Signature _____ Date _____

I authorize Ancera Psychological Associates to release any psychological, mental health, and/or substance abuse information to my insurance carrier(s) for the purpose of billing and pre-certification if I am using my insurance for psychotherapy services. I understand that this authorization continues indefinitely until I rescind it in writing.

Signature _____ Date _____

Emergencies

As an outpatient practice, we are not available on an emergency basis. You may leave a message on our voice mail at any time, however if you require immediate assistance, please contact either the Crisis Center in Iowa City at (319) 351-0140 or Cedar Rapids at (319) 362-2174, or contact a local hospital emergency room.

Ethics

In conducting therapy and assessments, we uphold the American Psychological Association's *Ethical Principles of Psychologist Code of Conduct*. A link to a description of these principles can be found on the American Psychological Association's website. We will also be happy to provide you with a copy. We encourage you to review these principles discuss any questions you may have with your therapist.

Confidentiality and Its Limits

Ethically and legally, we will protect your confidentiality and adhere to our Notification of Privacy Practices (NPP), which is detailed in a separate document. Iowa Law mandates that we break your confidentiality if we have reason to believe that you are in imminent danger of harming yourself or someone else. While it is common for a depressed person to have suicidal thoughts or plans, if we believe that you are going to carry out these plans imminently (or acts of harm to others) we will be required to share this information to prevent you from doing so. Also, if we are in direct contact with a minor who discloses to us that he or she is being abused, we are mandated by Iowa Law to report this abuse to the Department of Human Services. Please discuss confidentiality and its limits with your therapist.

Consumer Rights

Since you are a consumer of psychological services, it is your right to discuss any questions you have about the services you are receiving with your therapist. We invite you to communicate openly and directly with your therapist about your thoughts and reactions to therapy.

I have read this statement of standard of care.

Signature _____ Date _____

The Ancera Psychological Associates, HIPPA privacy information form is located on our website, and a paper copy is on display in the waiting area of our office. You may request to have a printed copy at any time.

Your signature below serves as an acknowledgement that you have read and been offered a copy of the Ancera Psychology Associates, HIPPA privacy information form.

Client Signature _____ Date _____

Witness Signature _____ Date _____