

OFFICE POLICIES

FEES:

The standard fee per 1-hour session is \$125.00. Payment of the fee is expected in full at each session in the form of cash, credit or check. All major credit cards are accepted.

When insurance coverage or third-party reimbursement is unavailable and there is financial hardship, and adjusted fee can be negotiated. When both conditions apply, the write-off is usually \$25.00, reducing the fee to \$100.00.

INSURANCE:

Currently, outside of the OSU Prime Care Advantage Plan, I am not in contract with most health insurance plans. Out-of-network benefits, however, will often be available. Contact your insurer's Member Services Department, or your company's Human Resource Department, to ascertain eligibility and coverage for psychological services.

For OSU Prime Care members, you are responsible for deductibles which may apply. Be aware that plans vary and you need to know the limits of coverage for your particular plan. Claims are processed by Practice Management Solutions. Should you have any questions about billing or claims, please contact Larry at 614-670-3750 ext. 201.

SCHEDULING:

I maintain office hours Monday through Saturday most weeks. Daytime, evening and weekend hours are available.

MISSED SESSIONS:

If you need to cancel or reschedule an already scheduled session, please give notice 24-hours in advance. Same-day cancellations for non-emergency situations will be charged \$65.00. This charge, of course, will not be covered by health insurance.

ELECTRONIC MEDIA:

Phone, e-mail and texting can be used for scheduling appointments and dealing with questions that relate to administrative matters. Counseling services as such are generally restricted from these media with the exception of urgent need, in which cases phone contact is preferred.

CHILD-CARE:

The facility is not equipped to attend to small unsupervised children. Please make the appropriate sitting arrangements. Older children who are well-behaved are welcome to use the waiting area.

PROFESSIONAL CONSULTATION (Individual patients only):

I am a member of the C.G. Jung Institute of Chicago, where I participate in on-going professional training. Occasionally, participation will include case presentations for *individual patients*. These presentations are attended by other professional members of the Institute for the purpose of professional development. All presentations will protect patient anonymity by eliminating any identifying information, such as names, addresses, etc. If you wish your case to not be included in this program, please let me know this at our first visit.

I have read and understood the above policies and agree to follow them.

Signature

Date