

Hello and thank you for taking the time to complete your forms before your first appointment of the year. Since you are returning to the practice, you will only have to complete and sign a few forms, all of which are included in this packet. Please take five minutes to read over these forms and understand our office policies. I encourage you to email or call the office with any questions you may have.

I will need the completed forms back to our office before your first session. The best way to do this is to print the forms, sign them, then scan them or take a photo of each one and email back to me. If you have adobe acrobat on your computer, you can also use that to send me the forms. Please be sure that your photos are clear and allow me to read all your responses. Because of legal requirements, we will have to use some of your session time for this paperwork if I don't have the forms before your first appointment.

Thank you and I look forward to working with you. Chris Kalamon, LCSW

CREDIT CARD AUTHORIZATION

Everyone must have a credit card on file (VISA, MC) as a backup for late cancellations, no-show appointments and late payments. This information is collected during your first visit, reviewed at the beginning of every year, and during the year as necessary. Health savings account cards may also be kept on file but must still have a back-up credit card in case HSA funds are depleted.

By signing below, I authorize Chris Kalamon, LCSW, to draft my credit card on file for therapy or related services including payments for Late Cancellations or No-Show fees as described in the Financial Agreement and GFE. There is a 3.55% admin fee applied to all credit card charges.

I also authorize the provider to send email or text receipts of payments made. I acknowledge that this credit card information will be kept on file via PCI-compliant encrypted code.

This authorization expires six months from the date of our final therapy session.

By signing below, I confirm that I have read and understand the credit card policy.

Date _____ **Name** _____

Signature _____

FINANCIAL SERVICES AND FEES

This agreement summarizes the rate for each service available to the best of the ability of the practice of Chris Kalamon, LCSW. Collaboration between therapist and patient will provide the greatest benefit based on your diagnosis(es) / presenting clinical concerns. This summary works in conjunction with our Informed Consent.

Sessions are 45 minutes. We work together to manage the length of your session. However, the session will be shortened if you are late. If we are late, we will extend it. If your session consistently goes over the 45-minute limit, a longer session at a higher rate will be suggested. Waiting until the end of the session to bring up important topics is not beneficial, so please bring up new topics early on.

We raise our fees annually (usually at the beginning of the year) to allow for inflation and increased overhead costs (liability insurance, licensure requirements, mandatory trainings and CEUs).

1. **PAYMENT.** Payment is due before your session begins. You may pay by VENMO to Chris Kalamon @Chris-Kalamon. The account has my photo on it. You may also pay by credit card. The office will charge your credit card before your appointment if you have indicated that as your form of payment. All credit card charges are assessed a 3.55% admin fee.
2. **CREDIT CARDS.** See separate credit card policy form.
3. **LATE CANCELLATION / No Show Fees.** The full fee is charged if you miss an appointment or cancel with less than 24 hours' notice. This policy applies to everyone. To be fair, we must keep the fees at the same level for everyone; we can't make exceptions. For ethical and professional reasons, we do not offer discounts. You have access to the calendar 24/7 to change or cancel an appointment and avoid these fees. The calendar does not allow late cancellations; notify us by email, text or phone about these.
4. **90791 Integrated Biopsychosocial Assessment** First two visits, then as needed - \$230.
5. **90837 Extended Therapy (50 min +).** \$205+ Prorated every 15 minutes based on hourly rate. This is our hourly rate used for all prorated calculations.
6. **90834 Psychotherapy.** \$155 Standard Psychotherapy.
7. **EMDR** \$205 / 60min. Heal from emotional distress due to disturbing life experiences.
8. **Couple's Counseling.** 1st session \$275 / 75min. Ongoing sessions \$220 / 60min.
9. **98966-98968 Telephone Management.** (\$205 per 60 min) Calls to patients, doctors, other professionals, etc. Prorated every 15 minutes based on time spent at hourly rate.
10. **98970-98972 Patient Emails & Texts.** Prorated every 15 minutes based on hourly rate (\$205).
11. **Reports/Requests.** Summary reports, attorney requests, disability, life insurance, FMLA, etc. **Minimum charge of \$205**, then prorated every 15 minutes based on hourly rate.
12. **COURT / Custody / Divorce.** We will NOT testify in court concerning opinions on issues involved in any litigation, and we ask you to accept our policy. Do not use our services if you believe you will be involved in litigation. We do not make recommendations concerning custody or parenting issues. If you go to court,

you will have to ask another professional to testify. If you become involved in legal proceedings that require our participation, you will be expected to pay for all of our professional time, including preparation and transportation costs, even if we are called to testify by another party. Because of the difficulty of legal involvement, we charge \$400 per hour for travel, preparation, attendance and other requirements, port-to-port. A \$3200 deposit is required prior to any work.

13. INSURANCE REIMBURSEMENT - POLICY CHANGE. Beginning in January, 2023, we will no longer provide superbills or a diagnosis for insurance reimbursement, which means you will not receive a superbill to file with your insurance company. We realize this may affect your decision to use our services and we understand. However, new laws enacted to keep hospitals in check were extended in 2021 to small mental health practices. These laws placed a steep administrative burden on mental health providers. We tried to stay on top of them in 2022. However, in 2023, more requirements will be enacted to force mental health providers to get permission from insurance companies, even for private pay patients. These laws cede undue influence to insurers. Demand is extremely high for access to mental health support and these requirements impede a patient's access to immediate care. It also impedes a therapist's ability to offer services quickly. We are choosing to sever all ties with insurance.

14. INSURANCE. We do not accept insurance nor have a relationship with any company. If we agree to work together, all communication with your insurance company will be between you and them. If, for some reason, your insurance company demands communication with us, it is considered billable time payable by you. A \$410 deposit (for two hours' time) is required before any communication occurs.

My signature confirms that I understand my rights, agree to my financial responsibilities, and have read and understand that I will not receive any kind of statement that I can submit to my insurance company for reimbursement (see item 13).

It is difficult to determine the length of treatment for mental health care, and each patient has a right to decide how long they would like to participate. Therefore, this fee schedule for services offered provides an explanation of each service and its rate. The expected cost is based on the fee times the number of sessions needed as determined in collaboration with your therapist. For more information about your right to a GFE, visit www.cms.gov/nosurprises.

Date _____ Name _____

Signature _____