Markus Psychological Services, P.C.

Westfall Professional Park
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Rochester, NY 14618 ***Fax (585) 241-3730***

CONSENT FOR EVALUATION AND TREATMENT

Welcome to my practice. I appreciate that you have chosen me to provide psychological services to you. I will endeavor to make your treatment with me successful and productive. This document contains information about psychotherapy as well as financial and business policies that I am required to have you review before we begin. Please read it carefully and ask for any clarification. When you sign this document, it will represent an agreement between us. It will reflect your consent to an evaluation and to allow appropriate treatment to be provided by me. You may withdraw your consent at any time by telephone, in person, or in writing. If you decide to discontinue treatment, I ask that you agree to provide sufficient notice in order to allow for a therapeutic end to our work together.

Psychotherapy requires an active effort on your part -- both in sessions and in between appointments. While benefits from treatment can be expected, no particular outcome can be guaranteed. The process of therapy may involve periodic and temporary worsening of symptoms and may involve discussing unpleasant aspects of your life. Change may be difficult and uncomfortable at times. We will discuss your goals for treatment and actively work toward achieving those goals.

FINANCIAL POLICY

My fees for service represent what is usual and customary for psychologists in the Rochester area: $250 for an initial intake evaluation, $180 for an individual psychotherapy or couple's counseling session, and $70 for a 90-minute group psychotherapy session. Other services are billed on a pro-rated basis and can be discussed as needed.

Insurance: If you are using a private third-party insurance for reimbursement, I can submit claims on your behalf or supply you with the appropriate claim documentation for you to submit for reimbursement. I will make all reasonable efforts to see that this process goes as smoothly as possible but I cannot predict how your insurance will manage the claims. If I accept your insurance (i.e., I am a paneled provider), I have agreed to charge specific rates to subscribers that may vary from the fees noted above. If I do not accept your insurance (i.e., I am considered an out-of-network provider), it is important to know that insurance policies vary in terms of coverage and reimbursement. I encourage you to contact your carrier ahead of time for exact figures. Please note that some psychological services are not covered by certain insurance carriers at all. It is your responsibility to evaluate your coverage (e.g., session limits, reimbursement rates, etc.) prior to beginning treatment. If a referral is necessary from your primary care physician, please call to arrange this prior to your first appointment. If your insurance company does not pay for claims filed on your behalf, you are ultimately responsible to pay for the services you receive.

If using **Workman's Compensation**, please note that I am not an official "Workman's Compensation Clinician". Please obtain any authorization for service from your representative at Workman's Compensation prior to engaging

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in treatment. I am willing to bill Workman's Compensation for your sessions but payment by you is expected at the time of your sessions. Reimbursement by Workman's Compensation will either be signed over to you or credited to your account for your refund. You will be responsible for the difference between my above noted fees and Workman's Compensation rates. If Workman's Compensation refuses to reimburse me for the services rendered, however, the responsibility for payment in full will remain yours. Most insurance companies require clinical information such as a diagnosis, treatment plan, symptom summaries, and (in rare cases) copies of treatment notes. Insurance companies claim to keep the information they receive confidential but I cannot guarantee your privacy once this information leaves my office. Some people choose to avoid having such personal information shared by paying privately. Signing this form authorizes me to exchange with your insurance carrier whatever information they require to reimburse me for services.

Cancellation Policy: Individual Therapy appointments that are missed or not cancelled **at least 24 hours in advance will be billed to the patient in full** (i.e., not just your co-payment amount because insurance does not pay for missed appointments). You may cancel an appointment by leaving a message on my voicemail or sending an email. As long as the message is received at least 24 hours in advance, you will not be charged. Patients who participate in group therapy are allotted 3 missed sessions without charge per calendar year. The patient will be charged the group fee for any additional missed sessions.

Payment: The patient is responsible to pay for services at the time the service is rendered. I accept checks, cash (exact amount please), and most major credit cards. I can also accept FSA and HSA cards. Bounced checks will result in an additional $35 charge to cover bank and accounting fees. Timely payment of your bill is considered part of your treatment. Please speak with me if you are having difficulty paying for your treatment. If your account with me is overdue and we have not arranged a payment plan, I reserve the right to use legal means or hire a collection agency to collect the outstanding balance. In the unfortunate event that this should happen, the patient will be responsible to pay not only the balance of the bill but any fees associated with the hiring of the collection agency.

COVID-19 Safety: My colleagues and I adhere to the CDC Guidelines for mitigating risk for the transmission of COVID-19. Although safety precautions are being used in the office, lower risk is not the same as zero risk when meeting in person. If you have had any known exposure, engage in COVID-risky behaviors, are in quarantine, are experiencing any of the documented symptoms associated with COVID-19, or simply feel safer not meeting in person, please do not come into the office. I will do the same. We can conduct scheduled appointments via a telehealth portal. Insurance reimbursement and coverage of telehealth sessions may vary depending on the specifics of your insurance policy. You are encouraged to check with your carrier to confirm benefits. In signing this document, you are agreeing to not hold me liable should you contract COVID-19 by virtue of attending an appointment in person.

Feel free to ask if you have any questions about this agreement. Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

_____ _____ _____

PRINT NAME SIGNATURE DATE