

Jonas Horwitz, PhD

BILLING, PAYMENTS AND INSURANCE

I understand and agree to the following:

1. The initial appointment fee is \$155 or the contracted amount from your insurance provider.
2. Additional session fees are billed at \$140 or the contracted amount from your insurance provider.
3. Sessions last 50 minutes unless otherwise specified.
4. If you are using insurance fill out the form below and also please bring your insurance card to the first session.
5. The co-payment for each session is due at the beginning of each session.
6. If you are using insurance and your plan has a deductible, you are responsible for meeting that deductible. A deductible is a preset limit that you must reach before your insurance company begins to pay for your treatment. If you have a deductible and it has not been met prior to attending therapy, you will have to pay out-of-pocket until this amount is reached. I recommend that before you come into the first session you call your insurance company and ask them if you have a deductible and how much has been met and how much is your copay. In addition, it is your responsibility to obtain an authorization for treatment if that is required by your insurance plan.
7. Dr. Horwitz uses a billing service which will verify your insurance coverage, amount of copay, and if you have met your annual deductible.
8. You can pay your copay by check, cash or by using a credit card via PayPal. There is a PayPal button on my website. If you use PayPal you will be charged an additional 3% to cover the cost of that service.
9. If you would like to use your credit card via PayPal to pay your copay or bill, it is requested that payment be made before the beginning of the session.
10. Dr. Horwitz's billing service will send out a bill at the beginning of each month if you have a balance due. If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, a late-payment fee of 1.5% of the amount due is charged monthly on overdue balances. In case it becomes necessary to take outside collection action to recover money due, you are responsible for all collection fees, court costs, and reasonable attorney fees. In case of nonpayment of bills, you agree to waive any rights of confidentiality only to the extent necessary to collect such unpaid bills.

11. Telephone Sessions:

The fee for a scheduled 50 minute telephone session is \$140. It is important to note that insurance companies will not pay for telephone sessions and the client is responsible for the bill. Occasionally, telephone contact is needed when issues arise in between regularly-scheduled sessions. Phone calls with clients or collaterals (e.g., relatives, attorneys, etc.) extending more than 10 minutes are billed at the normal hourly rate for individual sessions. The

fee is prorated for the duration of the conversation. Long-distance charges, if any, will be passed on to the client.

12. Late Cancellations and Missed Appointments:

Scheduling presents a special problem in private therapy, because once a given hour is allocated for a particular client, it usually cannot be reallocated to another on short notice. For this reason, you will be charged \$140 for missed sessions which are cancelled less than 24 hours before the appointment time. Of course, illness and emergencies are exceptions, and will be treated on a per-case basis. Please note that insurance companies will not pay for missed sessions; when they are billed, the client is responsible for the entire fee of \$140. (Please initial here that you have read and agree to the missed appointment policy_____)

13. Legal fees:

If you become involved in legal proceedings that require my participation, you will be expected to pay for all of my professional time, including preparation and transportation costs, even if I am called to testify by another party. Because of the difficulty of legal involvement, I charge \$350.00 per hour for preparation and attendance at any legal proceeding and require a \$2000 retainer to be paid in advance.

14. Other fees:

Written reports to other professionals and recognized agencies are charged at the regular hourly rate for individual therapy.

15. Agreement.

I have read the terms and conditions set out in this document, and I agree to be bound by them.

Signature: _____ Date: _____

Printed name: _____

INSURANCE INFORMATION
JONAS HORWITZ, PHD

Please bring your insurance card with you.

Your name: _____

Date: _____

SS# _____ DOB _____

Insurance carrier: _____

Your ID for the policy: _____

Are you the subscriber? Yes No

If no,
Name of Subscriber: _____

Address of subscriber: _____

Subscriber's phone: _____

Subscriber's: Sex M F; Date of birth: _____

Your relationship to subscriber: _____

Are you covered under another insurance policy? Yes No

Your ID for the second insurance policy _____

If you are using your EAP please provide:

EAP Authorization # _____

How many sessions have been authorized? _____

Name of plan _____

Your company's name: _____