**FINANCIAL POLICY AND AGREEMENT**

 **The Chicago Stress Relief Center, Ltd.**

We invite you to discuss frankly with us any questions regarding our services. The best health services are based on a friendly, mutual understanding between provider and client.

1. **Payment for Services Rendered**

Our office policy requires payment in full at the time of your visit. It should be noted that Dr. Howard Weissman, Psy.D. is not involved with any insurance contract except Medicare . We are happy to assist in filing claims to your insurance company on your behalf. It should be understood, however, that you are 100% responsible for payment of services rendered.

If you are out of network or seeing Dr. Weissman, we will assist you in filing your insurance claims to aid you in collecting reimbursement from your insurance company. The collection fee is no cost to you. If you choose to utilize our collection services we *cannot* guarantee reimbursement for services rendered, and you are still required to make payment in full at the time of each visit. We encourage you to call your insurance company to gain a better understanding of your benefits and deductible. If you do not agree with your insurance company’s coverage, it is your responsibility to work it out with them. Your contract is between you and your carrier.

Payment for all services at The Chicago Stress Relief Center, Ltd. can be made via cash, check, or credit/debit card including American Express.

1. **Fees**

Fees for services rendered differ based on the time spent, the type of services received, along with the level of expertise based upon the clinician who provides those services.

Initial intake with Dr. Weissman (90 minutes)……………………………...$410

Initial intake with Dr. Weissman (75 minutes)………………………………$365

Psychological/neuropsychological testing per hour………………………$280

Individual therapy with Dr. Weissman (30 minutes)……………………..$135

Individual therapy with Dr. Weissman (45 minutes)……………………..$200

Individual therapy with Dr. Weissman (60 minutes)……………………..$265

Individual therapy with Dr. Weissman (75 minutes)……………………..$325

Individual therapy with Dr. Weissman (90 minutes)……………………...$395

Individual therapy with Dr. Weissman (105 minutes)……………………$450

It should be noted that the fee for a complete psychological or neuropsychological evaluation may vary with the patient’s condition and referral question(s). A complete evaluation often involves a formal diagnostic interview, a review of medical history, administration of psychological/neuropsychological tests, scoring of measures given, professional interpretation of the results, a feedback session in which the results and recommendations are discussed with the client, and preparation of an extensive diagnostic report. A full evaluation may also include a review of all past evaluations, medical records, school transcripts, and/or work evaluations.

In an effort to make services more affordable for our clients, The Chicago Stress Relief Center, Inc. offers services billed on a sliding scale. This means your payment for services rendered will be based on your current level of income. Please note that this service is only provided to those who can provide evidence of financial hardship.

1. **Collections**

If your account is turned over for collections for any reason, you are responsible for all collection and attorney’s fees associated with the collection process.

1. **Cancellations**

If you cancel your appointment without 48-HOUR NOTICE, there will be a full fee charge assessed to your account.

**I authorize the provider to submit a claim to my insurance carrier, or its intermediaries, for all services rendered. I also authorize the provider to release any information required to process insurance claims and authorize payment of benefits to the payee directly. Additionally, I authorize a copy of this contract to be used in place of the original when necessary.**

**I have received and read the financial agreement and policy of The Chicago Stress Relief Center, Inc. I fully understand my rights and obligations and agree to be bound by them.**

**Signature of Patient Date**