

Mindworks, Inc.

616 N. North Court, Suite 150

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847-845-7837 (p)

mindworkspractice@gmail.com

General Policies And Procedures

INSURANCE

Please call your insurance carrier to verify your mental health coverage benefits, including deductible and copay BEFORE you make your first appointment. I am in network for Blue Cross/Blue Shield (BCBS) PPO of Illinois, Magellan, and Humana. I will bill insurance companies for you, but you will be responsible for all copays and deductibles at the current fee schedule. If you choose to not use insurance or I am not in network with your insurance, the full fee per the fee schedule below will be due within 15 days of the invoice date. This can be paid in person, by mail, or by credit card. There is a 3.75% service fee if paid with a credit card.

BILLING

Invoices are sent via email or mail, and are typically sent monthly. Please check your spam folder if you do not see an invoice arrive in a timely manner. Should your balance exceed \$400, you must pay the balance before further appointments are made. Balances more than 30 days past due will be automatically charged to your credit card on file. If your card is rejected or your balance is more than 60 days past due, you will also be responsible for any fees accrued through a Collections agency. This will include all fees your insurance carrier does not reimburse.

Telephone time exceeding 15 minutes per week will be charged as a session. You can most easily avoid charges by utilizing e-mail or texting for scheduling purposes.

FEE SCHEDULE (AS OF July 2018)

- Initial Intake: \$140
- 55 minute Individual: \$130
- 45 minute Individual: \$100

CANCELATION POLICY

If you need to cancel or reschedule an appointment, please give 24 hours advance notice. Otherwise, your credit card on file will be charged a \$100 fee. I often have clients waiting for an appointment whom I can see if I am given advance notice of a cancellation. I do understand, however, that emergencies/problems arise so we offer 1 free "missed" session per calendar year. Missed sessions are not billable to your insurance company.

SEPARATE HOUSEHOLDS PAYMENT POLICY

Given the complexity of many domestic situations, I have been in the unfortunate situation where parents have not agreed on who will pay for the child's treatment, thus leaving the child's bill unpaid. Therefore, the policy for separate households is that whoever places their credit card and billing information on file will be responsible for full payment of services, even

if the other parent reneges on their commitment. Please speak with the other parent/guardian about this arrangement before scheduling services.

COURT INVOLVEMENT

Any court involvement will be billed at \$200/hr and will includes charges for research, preparation and travel time. There is a separate form that will need to be signed for custody, visitation or divorce disputes that result in court involvement. A retainer for court involvement will be requested in advance based on an educated estimate of the time involved. Court costs cannot be billed for insurance reimbursement.

CHILDREN/ADOLESCENT CONSENT FOR TREATMENT

I/We consent that our child may be treated as a client by Rossana Woldman, LCSW/Mindworks, Inc. It is understood that children 12 and over have confidentiality protected by law. This consent to treat expires at the end of treatment or if revoked in writing.

EMERGENCY SITUATIONS

I am required by law to report information you and/or your child report about physical, sexual, or elder abuse. Per Illinois State Law, I am obligated to report this to the Department of Children and Family Services (DCFS). If an emergency situation for which the client or their guardian feels immediate attention is necessary, please call 911 or go to your nearest emergency room. I will make every attempt to return calls within 24 hours, but cannot guarantee immediate assistance.

ROUTINE CONTACT

For issues regarding billing or general administrative questions (non-emergency) please email me at mindworkspractice@gmail.com. Scheduling of sessions will be handled at the end of our session each time we meet.

EMERGENCY CONTACT

Mindworks, Inc./Rossana Woldman, L.C.S.W. does not have an on-call service. In case of difficulty or struggle, we can create a plan to help you take care of yourself during those moments.

PERMISSION TO TREAT

Your signature on the registration form indicates your permission for treatment to occur

By signing this I acknowledge that I've read, fully understand and agree to all the information contained here.

Patient Signature

Date

Parent Signature if patient is a minor

Date

Witness

Date