

KENNETH A. DE LUCA, Ph.D. & Associates, Inc.
FINANCIAL POLICIES

The associates and staff of Kenneth A. De Luca, Ph.D. and Associates, Inc. are pleased to have you as a patient and welcome you to their care. We believe it is important that you are aware of our payment policies prior to your treatment. This will avoid any future misunderstanding.

I UNDERSTAND AND AGREE TO THE FOLLOWING:

(Please Read and Initial All)

- All professional charges are billed to my insurance company, on my behalf, as a courtesy. **Initial Session \$190.00, Individual Session \$160.00, Family Session \$160.00, Testing Session \$160.00**
- I will provide all insurance and managed care information, including referral and/or authorization, for the purpose of filing insurance claims. **I will be responsible for payment in full if I do not.**
- Some services provided might not be covered benefits by my insurance plan. I will know the contents of my health insurance plan and will be responsible for my payments as per my insurance plan.
- If my insurance company does not make payment, after two attempts have been made to obtain payment, the payment for services rendered becomes my responsibility regardless of the fact that I have insurance.**
- I will assume responsibility for contacting my insurance company to help resolve problems.
- The custodial parent bringing a minor client for services is responsible for paying any deductible, co-payment and/or co-insurance **at the time of service**. Unaccompanied minors shall come prepared to make payment.
- I will give 24 hours notice if an appointment needs to be rescheduled or pay \$50.00 for each missed appointment that another person in need could have had.**
- I will pay any deductible, co-payment and/or co-insurance **at the time of service** (This is a requirement of your insurance company). **A \$5.00 charge will be added to each date of service that I do not make my co-payment.**
- To secure reimbursement on my behalf, I authorize the provider of services to disclose only that information that is necessary to the insurance company/companies I have.
- I understand that for any Psychological Evaluation there is a \$50.00 charge for the Comprehensive Report NOT BILLABLE TO INSURANCE that must be paid in full at the first session before a full evaluation can be scheduled.**
- I understand that all copays, deductibles and co-insurance **must be paid in full** before any reports will be released.
- I understand that a \$30 fee will be charged/added to my account for a Return/ Non-Sufficient check.
- I understand and agree that if my therapist (or my minor child or dependent's therapist) is required to appear in court or a deposition to testify relating to my (or my minor child or dependent's) treatment, then I am responsible for paying the therapist's regular session rate for all time required in connection with such testimony, including preparation time, travel, and time spent in the courthouse. I further understand that this expenditure is not covered by health insurance and that I am fully responsible for payment.**
- I understand that any type of electronic recording is **strictly prohibited** at any location within these offices.

Signature of Patient or Responsible Person

Date

OVER

DISCLOSURE STATEMENT

Supervision

Mental Health Therapists are supervised. Supervision included review of the diagnosis, treatment plan and clinical notes. Your file is confidential and is only released in accordance with law. All billing is done under the practice name, Kenneth A. De Luca Ph.D. and Associates, Inc. Your Mental Health Therapist is responsible for patient welfare and quality of service provided.

Clinical Supervision is provided in the following manner:

BY: Kenneth A. De Luca, Ph.D., LPCC-S

Psychologist, Professional Clinical Counselor Supervisor

To:

Licensed Independent Social Worker

Trenda Geller, MSW, LISW-S

Timothy P. Golba, MSSA, LISW-S, ACSW

Noreen Joslyn, MSW, LISW, ACSW

Colleen McKenna, MSW, LISW-S,

LICDC-CS, ACSW

Barbara E. Padgett, MSW, LISW-S

Marjorie Sulin, MSW, LISW

Valerie Treisch-Chirdon, MSW, LISW-S

William F. Vanek, MSSA, LISW-S

Professional Clinical Counselor

Elizabeth Butler, M.Ed., LPCC-S

Kelsey A. Jager, M.Ed., LPCC

Janet Jones, MA, LPCC-S

Judith Marinich, M.Ed., LPCC-S, LICDC-CS, LSW

Licensed Social Worker

Susan Mellott, M.Ed., LSW (Also supervised by Trenda Geller, MSW, LISW-S)

Licensed Marriage and Family Therapist

Maria C. Laughton, LMFT

Licensed Speech-Language Pathologist

Susan L. Kall, MA, LSLP

Professional Counselor

Matthew Gerstacker, Ph.D., LPC, NCC

Jacqueline M. Sturbaum, MA, LPC, LMT

Regan Suetta, LPC

Licensed Independent Chemical Dependency Counselor

Judith Marinich, M.Ed., LPCC-S, LICDC-CS

Colleen McKenna, MSW, LISW-S, LICDC-CS, ACSW

Signature of Patient or Custodial Parent

Date