

Meredith Gelman, LCSW, LLC

FEES, PAYMENT, AND INSURANCE

Meredith Gelman, LCSW does not participate as a provider for any medical insurance, but most insurance plans do have out of plan mental health benefits. Meredith's super bill, given at the beginning of each session, will allow you to seek reimbursement from your insurance company. Below are possible question you may ask your insurance provider.

Medical Insurance: Insurance policies vary widely in their coverage of mental health services. You may wish to call your insurance carrier to determine any limitations to your coverage. Some common questions to ask are whether:

- ✓ you have coverage for mental health services
- ✓ pre-certification is needed for therapy
- ✓ your insurance company uses an exclusive panel of preferred providers
- ✓ you will receive any coverage for an out-of-network provider
- ✓ there are limits on diagnoses covered
- ✓ your insurance company covers individual and/or family therapy
- ✓ you have met, or need to meet, an annual deductible

You are responsible for reviewing your insurance coverage, paying your copay at the time of your visit (if I am a provider for your insurance company), and notifying me of insurance requirements such as: precertification for treatment; required reviews for treatment; limitations on treatment by number of sessions, types of therapy, diagnoses or monetary amount per year or lifetime.

Because I am not an in-network provider for all insurances for any, you can submit claims for reimbursement with your insurance carrier or allow me to file for you as a courtesy. A complete statement will be provided at the end of the session so that reimbursement can be filed. During out initial phone assessment, my session fees can be discussed.

Cancellations

I charge \$100 for any appointment missed or cancelled without giving notice 24 hours in advance. Insurance policies will not cover these charges.

HIPPA

In accordance with the Code of Virginia and the HIPPA (federal law), by signing below you authorize me to release information concerning your treatment to your insurance carrier should they request it. The information to be released is limited to: dates of service; session start and stop times; type of therapy; and summary of diagnosis, functional status, treatment plan, symptoms, prognosis, and progress to date. Any disclosure of personal health information not listed above and not for the purpose of insurance reimbursement will require a separate written consent. See other HIPPA form for more details and required signature.

Responsibility

By signing below you agree to the terms and conditions above and acknowledge full responsibility for this account and guarantee payment of all charges. All payments are made at the end of each session. Cash, Check or Credit is accepted. Credit use will however require a small convenience charge.

Client (or responsible party) signature

Date