

## NEW PATIENT INFORMATION

The following is information pertaining to financial policies. This information may answer your questions regarding policy, but if you have special concerns, please do not hesitate to discuss them with Dr. Klaitz at the first session. Please read carefully and acknowledge by signing at the bottom of the page. We will be happy to give you a copy of this form for your records.

THE NORMAL FEE IS \$190 PER HOUR, PAYABLE AT THE END OF THE SESSION. The usual therapy hour is 50 minutes. There is a charge of \$200 for the initial session. Also, a \$50 fee will be applied to your account for returned checks.

Payment is expected at the time of each session. Please discuss any unusual circumstances during the first session. Except under extraordinary circumstances, PATIENTS WILL BE BILLED THE USUAL FEE FOR ALL APPOINTMENTS NOT CANCELLED WITH AT LEAST 24 HOURS NOTICE. CANCELLATIONS FOR MONDAY APPOINTMENTS MUST BE MADE BY 12PM ON FRIDAY. Note: Courtesy call and text reminders are just a friendly reminder of your appointment and are made when possible. It is your responsibility to cancel an appointment within the allotted time frame whether or not a courtesy call is received. You may leave a message at 404-257-0964 after hours and on weekends to cancel an appointment. All cancellations must be done by voice mail, text, or personal voice communications with Dr. Klaitz. Please do NOT use email for cancellations. An emergency phone number and directions to the office can also be obtained from the voice message at this number or on the website,

Collections of insurance benefits or any other arrangements regarding a third party payment is the responsibility of the patient (parent or guardian if patient is dependent child). It is the client's responsibility to call their insurance company and verify their benefits. Also, the client must obtain the initial authorization if needed. By calling the customer service number on your insurance card, you can find out your mental health deductible, when the deductible will be met, your coinsurance or copayment amounts and whether authorization is required. An insurance receipt is available at the end of each month for your convenience to submit your own insurance, or to your Health Savings Account. Please indicate on the front of this form if you will need an insurance receipt. NOTE: THE PATIENT IS ULTIMATELY RESPONSIBLE FOR ALL CHARGES INCURRED DURING TREATMENT. Accepted insurance carriers claims will be submitted once per month. Our office does not make call to insurance companies.

In order to insure the highest standard of care possible, Dr. Klaitz reserves the right to consult with an outside consultant regarding your treatment. Consultations will be held in strict, professional confidence.

STATEMENT OF CONFIDENTIALITY: Under Georgia law, communications between patients and psychologist are confidential, and under ordinary circumstances only the patient can waive this privilege. However, there are three clear exceptions in which a psychologist is legally and ethically bound to break confidence. (1) the patient is imminently dangerous to himself/herself, (2) the patient is imminently dangerous to others and /or has made specific threats to harm an identifiable third person, and (3) actual or suspected incidents of child abuse. Although legally and ethically bound to break confidentiality under aforementioned circumstances, the therapist will not do so without discussing it with you.

NOTE: Some insurance companies require a release of information in order to grant insurance payment coverage.

Patient: I understand the above policies and acknowledge responsibility for all fees incurred and agree that if it is necessary to collect any account through an attorney, I will be responsible for all costs of litigation including attorney's fees.

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Signature of patient

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Signature of person responsible for payment

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Date

Please list all contact numbers where we have permission to leave a message.