



Office Policies Clients Covered Through Managed Care Plans

Fees

My fee for providing professional services is \$165 per hour. I will bill your insurance companies, per their requirements, using this rate as the basis for my charges for individual services. Clients are responsible for paying co-pays, co-insurance, and deductible charges at the time of each service.

In signing this Office Policy document, clients with health insurance are agreeing to authorize me to release medical or other information necessary to process their insurance claims.

Appointment Cancellation

You must provide me with 24 hour notice of cancellation of an appointment in order to avoid a fee for a missed appointment. If notice is given with less than 24 notice, but more than three hours before the scheduled time of our meeting, the charge will be 50% of the amount I would have been reimbursed by your insurance company. If notice is given with less than three hours notice, the charge will be 75%. With no notice, the charge will be 100%. If late cancellation is the result of a true medical emergency, validated by a note from your physician, there will be no charge.

Insurance companies will not reimburse providers for missed appointments. That is a matter to be decided between providers and their clients. In agreeing to see Seth Bernstein, Ph.D. for professional services, you are agreeing to abide by my Appointment Cancellation Policy.

Litigation Limitation

Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters which may be of a confidential nature, it is agreed that should there be legal proceedings (such as, but not limited to divorce and custody disputes, injuries, lawsuits, etc.), neither you (client) nor your attorney, nor anyone else acting on your behalf will call on me to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested unless otherwise agreed upon.

Telephone & Emergency Procedures

If you need to contact me between sessions, please leave a message at (541) 740-5373 via voice or text and your call or text will be returned as soon as possible. I check my messages a few times during the daytime only, unless I am out of town. If an urgent situation arises, indicate it clearly in your message. If you are experiencing a mental health emergency and I am not

immediately available, call 911. Please do not use e-mails for emergencies. I do not always check my e-mail as often as texts or voicemail messages and they are not a confidential means of communication.

Mediation, Arbitration, and Collection of Debts

All disputes arising out of or in relation to this agreement to provide psychotherapy services shall first be referred to mediation, before, and as a pre-condition of, the initiation of arbitration. The mediator shall be a neutral third party chosen by agreement of myself and my client(s). The cost of such mediation, if any, shall be split equally, unless otherwise agreed upon. In the event that mediation is unsuccessful, any unresolved controversy related to this agreement shall be submitted to and settled by binding arbitration in Benton County, OR in accordance with the rules of the American Arbitration Association which are in effect at the time the demand for arbitration is filed.

Notwithstanding the foregoing, in the event that your account is overdue (unpaid) and there is no agreement on a payment plan, I can use legal means (court, collection agency, etc.) to obtain payment. The prevailing party in arbitration or collection proceeding shall be entitled to recover a reasonable sum for attorneys' fees. In the case of arbitration, the arbitrator will determine that sum.

I understand and agree to the office policies listed above.

Client _____

Date _____

Printed Name