



Lifetime Insight, LLC  
440 Regency Parkway Dr., Suite 136  
Omaha, NE 68114  
Office: 402-934-7404  
Fax: 402-909-0196

## **FINANCIAL AGREEMENT**

**Uninsured/Out of Network Payment:** Payment in full is due at time of service. An initial appointment (50 - 60 minutes) or psychotherapy appointment (55 minutes) is \$300. Follow up appointments are \$175. For extended session times, please contact us for the rates. We are able to provide you with a "Superbill" to submit to your insurance. Contact your insurance for questions on out-of-network benefits.

**No Show/Late Cancel Fees:** A no-show (failure to show to a scheduled appointment) or late cancellation (failure to cancel an appointment within 1 business day) of a new intake/psychotherapy session is assessed a fee of \$250 and \$150 for a follow-up appointment. These fees are not reimbursed by insurance companies or Medicare and are the personal financial responsibility of the patient. These fees apply to all patients, even if they do not have insurance. Fees can be waived with a valid physician's note or extenuating circumstances.

**Forms of payment:** We accept cash, most credit cards including HSA, and personal checks. All returned checks will be assessed a \$40 fee, not covered by insurance and are the personal responsibility of the patient. A returned check fee must be paid prior to scheduling another appointment.

**Credit Card Authorization:** To book an appointment with Dr. Hovav, you are required to provide us with a credit card number which we leave on file. Your credit card is used to secure payment in the case that there is a no-show/late cancellation/return check fee, or if there are unpaid balances for over 30 days. The practice retains the right to charge your credit card automatically if any of the above apply.

**Insurance Payment:** Dr. Hovav participates with many commercial insurance and Medicare, to offer patients treatment, pending verification of benefits. If there is a change in the insurance plan, please notify our office immediately. If there are copays, co-insurance, or a full deductible, payment is expected at the time of service.



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**Uncovered Medical Services:** Some services are not paid by insurance companies, but patients or their representatives may occasionally request the physician to perform these services to coordinate care with other organizations or to offer consistent and quality care on your behalf. These services take up the physician's time and therefore the following services are billed at a pro-rated hourly rate of \$300:

- Preparation of reports for other providers, organizations, or landlords.
- Completing documents for disability claims, insurance reviews, or workers compensation.
- Telephone calls lasting more than 5 minutes.

**Forensic Services:** Court ordered and legal related services, including assessments, preparing for depositions, travel time, court time, and writing reports are considered forensic-type services and are billed at a higher rate. For more detailed information, please have your legal representative contact Dr. Hovav directly.

**Reasons for Termination:** Three no-show/late cancellations or an inability to meet financial obligations may result in termination from the practice. Payments not received in 90 days will be sent to collection unless arrangements have been made in advance.

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(Patient Name and Today's Date)

(Patient Signature)

**OR**

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(Signature of guardian or authorized representative)

(Relationship to patient)