

Contract & Consent for Evaluation/Treatment

In consideration for receiving treatment and/or medical/psychiatric service, I/we agree to the following:

Fee Payment

Dr. Stefaniak sees patients on a fee-for-service basis only. That is, the patient/parent is responsible for payment, in full, at the time of each session. Dr. Stefaniak's charges are \$450 per 90 minute evaluation and \$150 per 25 minute session. **Payment is due at the time of service.** Returned checks will be assessed a \$50 fee. If payment is not made at the time services are provided, a \$20 billing charge/late fee per appointment will be assessed. If payment is not received, the account will be turned over to a collection agency in 30 days. Dr. Stefaniak has the option to pursue all lawful collections procedures available, and the patient/parent is responsible for all reasonable costs of collection, including all reasonable attorneys' fees incurred, if any. The minimum collection fee will be 50% of the total account balance. Unwillingness to pay may result in termination of services.

Cancellations

APPOINTMENTS MADE AND NOT KEPT ARE BILLED AT THE FULL RATE TO YOU. YOUR INSURANCE COMPANY WILL NOT REIMBURSE FOR ANY PORTION OF MISSED APPOINTMENTS. CANCELLATION NOTIFICATION MUST BE GIVEN AT LEAST 24 HOURS BEFORE YOUR APPOINTMENT. (Call 303-316-5045 and leave a message.). You are responsible for keeping the appointment or cancelling with at least 24 hour notice (excluding weekends).

Insurance

Many insurance plans reimburse for some portion of psychotherapy and medication management. Please direct questions about reimbursement amounts and timelines to your insurance company. Dr. Stefaniak is not contracted with any insurer. We will provide you with a Superbill at your appointment that you may submit to your insurance, if you choose. Please note that we do not complete any insurance paperwork.

Telephone Calls

These are welcome. However, since I am with patients during my business hours, I will respond to these within reasonable limits. There is no charge for brief calls. Calls lasting longer than 5 minutes will be charged directly to you on a prorated basis, minimum \$25. If you have an extreme emergency, please call 911 or my cell phone 303-514-3752.

Records

Requests for records are received from patients/parents and various other sources. These requests will only be executed if the patient/parent completes a signed Release of Information form. Records are copied at \$0.20 per page plus postage and billed directly to you. Please allow two weeks for this request to be processed. Auditory or video recordings of the sessions are strictly prohibited and will result in permanent patient termination.

Letters

Letters are often requested by patients/parents to be sent to schools, employers, etc. You will be charged a letter writing fee for this service, minimum \$25.

Court/Legal Fees

My preference is not to take time away from patients to appear in court. However, if there is a situation that requires my involvement, you will be charged a minimum of \$3,000.00 for half day and \$5,000.00 for full day. A subpoena means that you have agreed to these court costs, which are due prior to the set court date. Also, I require one month notice to prepare & make adequate arrangements for already scheduled patients, since court appearances entail extensive time. Please note that you will be responsible for any attorney's fees incurred in the process.

PLEASE NOTE THAT PRACTICE STANDARDS REQUIRE THAT ALL PATIENTS BE SEEN, AT MINIMUM, OF EVERY THREE MONTHS.

I have been informed of and read the preceding information and agree to it. By signing this consent, I also agree for limited information, if necessary, to be shared with another clinician in order to facilitate my/my child's treatment.

Signature of parent/guardian/patient

Date