

FINANCIAL AGREEMENT

1. Payment is due at the time services are rendered. **Dr. Friedman only accepts checks, paypal and zelle at this time.** There is a \$20.00 fee for all returned checks.
2. **A late fee cancellation (the day of the appointment) of \$60 will be assessed and a no-show fee of \$80.00 will be charged if no communication regarding the appointment status is made. Insurance does not cover these costs.**
3. **Good Faith Estimate:** Under the law, healthcare providers need to give patients who do not have insurance or who are not using an insurance an estimate of the bill for medical items and services. You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency items or services. This estimate is based on number of sessions. The cost will be adjusted accordingly, if number of sessions are fewer or greater than the estimated figure.
4. **Professional fees: My hourly fees are as follows:**
 - *Initial Consultation: \$200**
 - * Individual therapy/ Couples therapy: \$160 per 50-minute sessions, \$230 for 85 minute sessions, Estimated total cost between \$160 and \$1,840 for approximately 1 – 8 sessions.**
 - * Infertility Evaluations : \$250, including 50-minute sessions and written report**
 - *Surrogacy evaluations: \$500 to \$1000, depending on time necessary**
 - * International Adoption evaluations, \$800 to \$1200, depending on time necessary**
5. If you have medical insurance through one of Dr. Friedman's contracted insurance plans, my insurance coordinator will be able to assist you in receiving your maximum allowable benefits. However, in order to achieve this, Dr. Friedman needs your assistance and understanding of the financial policy:
 - A. Payment of your co-pay is due in full at time of service **(paid by check, paypal, or zelle),**

B. As a service to you, Dr. Friedman and her insurance administrator will be happy to process your insurance claim forms; however, she must have complete insurance information, a copy of your insurance card and any authorization you have obtained.

C. We will file your insurance as a courtesy to you; however, if after 45 days we have not received payment, it will be your responsibility to pay for services rendered. It is your right to communicate with your insurance company to assess the status of your claim, deductible or need for further information. Any information that you obtain from your insurance company that is shared with our office will help expedite the processing of your claim and increase the likelihood that your claim will be paid within the 45 day time frame. Remember, ensuring that no balance remains after 45 days is ultimately your responsibility.

This signature certifies that I have read and understand the above financial agreement.

Print Name

Sign Name

Date

