

# SULLIVAN, NOLAN AND ASSOCIATES, PC

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## PROFESSIONAL / CLIENT AGREEMENT

This professional / client relationship implies a personal, as well as a fee for service arrangement. It will be to our best mutual interests if we take the time at the onset to outline what we expect of each other during our relationship. Listed below are that arrangements.

### PLEASE READ THEM CAREFULLY

#### EXPECTATIONS OF THE PROFESSIONAL

Provide 45 minute session appointments. When sessions go for longer periods of time, additional charges will be in 15 minute increments.

Keep strict confidentiality. Communications with other persons will only occur when the client has given his or her signed permission of this communication to take place.

#### EXPECTATIONS OF THE CLIENT

##### FINANCIAL RESPONSIBILITY:

- A. Payment is expected at the time of service. Clients assume full financial responsibility for professional services. The client's obligation for the payment of such fees is understood to not be dependent upon the client's receiving third party reimbursement from insurance coverage. While our office certainly supports and encourages clients to pursue the maximum amount of financial reimbursement from third party payers (such as health insurance agencies), it is ultimately the client's responsibility to insure that he/she receives all third party payments for which he/she may be eligible. We suggest that you ask your insurer to specify if there is a difference between coverage for evaluation and therapy.
- B. Payment in full is due prior to the release of any evaluations or reports.
- C. Clients will be charged for the following professional services:
  - Psychotherapy, Individual, Marital, Family or Group.
  - Evaluation, interpretation, scoring
  - Report Writing
  - Time spent in consultation with other professionals ( such as school conferences, extended phone consultations)
  - Late cancellation (less than 24 hours) as well as no shows \$60.00
  - Returned checks - \$25.00
  - Unpaid balances beyond 60 days will incur an interest charged

- D. We will submit all your insurance claims for processing as a courtesy. We can make no guarantee of estimated coverage, but will do our very best to see that you receive your maximum benefits. Should your benefits result in less coverage than anticipated, or if you exceed your maximum yearly benefit amount, you will be responsible for your total obligation. It is your responsibility to inform us of any Insurance changes. At any time you receive a new insurance card; make sure we have the effective date and a copy of the front and back. Although the information may seem the same there may be a change that will affect your coverage. It is also your responsibility to pay at the time of service any deductible amount, co-payment, or any other balance not paid or covered by your insurance. If payment in full cannot be made at the time of service, payment arrangements must be made with your doctor. **If you are unsure of your coverage, we can assist you in determining the amount; but again the final responsibility will be yours.**
- E. When the client is responsible for filing the insurance claim, this process can be facilitated by utilizing the monthly billing statement which each client receives during the first week of the month for services rendered during the previous month. This financial statement is especially designed to provide all information for the filing of the client's insurance.
- F. We strongly encourage the client to determine the specific limitations of his/her insurance coverage prior to the onset of psychological services. Such verification of coverage is most useful to the client when it is obtained from insurance company in writing. Relevant information to obtain from the insurance company includes:
  - coverage for fully licensed clinical psychologists
  - coverage for psychological evaluation
  - coverage for psychological treatment
  - Coverage for limited licensed psychologist and clinical social worker under supervision of fully licensed psychologist.

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Client/ Guardian Date

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Client/ Guardian Date