

# BETH SIEGEL, PSYD.

PSYCHOTHERAPY AND PSYCHOANALYSIS

800 E. OCEAN BLVD, STE 107, LONG BEACH, CALIFORNIA 90802

CALIFORNIA LICENSE # LCS 14970

(714) 376-6235

## Cancellation Policy:

Our time together is important and this policy reflects the on-going commitment and continuity that is required for success of your treatment. I do not give reminder calls for your appointments. It is up to you to remember when your appointment is scheduled.

*Attending sessions less than once per week is a disruption to your treatment and often renders therapy ineffective.* Please make every effort to schedule other necessary life appointments around your therapy so as not to disturb the flow of the psychotherapeutic work you are doing. That said,

**The session time is being held for you weekly.** If you must miss a session, **You must cancel within 24 hrs. of your appointment. If you give less than 24 hrs. notice, you will be charged the full fee for the session. (This includes illness, unless you are hospitalized)** If you are ill, you have the option of having your session by phone or video. Frequent cancellations by you will result in a change of how we schedule your appointments based on what is available each week.

## Past Due Amounts

Fees for professional services are due upon presentation of invoice. Please inform me if you need a bill for insurance. If you lose your bill there will be a \$5.00 charge for a second copy. Interest will be charged at the rate of 1.5% per month on past due amounts. If payment is not received after 60 days, all attempts to collect payment will be made, including email, text, telephone and U.S. Mail. *Failure to submit payment after 90 days will result in the referral of your account to a collection agency.*

## No show Policy

If you no show for an appointment, or forget your session you must pay for the session in full. **No exceptions will be made.**

## Insurance and Cancellations

Insurance companies do not reimburse for cancellations and no-shows. If you pay by credit card, a finance charge that you will incur cannot be billed by law on your insurance statement.

Billing is done once per month and an insurance statement will be given at the end of the month if needed. If you lose your statement you will be charged for a new statement.

## Returned Checks

If your check is returned due to insufficient funds you will be charged the bank rate of return in addition to the balance on your account.

## Re-Scheduled Sessions

If you need to re-schedule a session for a different time, AND I DO NOT HAVE ANY APPOINTMENT TO OFFER YOU, you must pay for your session in full if you cannot keep your appointment. **Last minute changes are unacceptable and you will be charged if you cannot attend.** IF FOR ANY REASON YOU DO NOT SHOW OR CANNOT ATTEND A RESCHEDULED SESSION YOU MUST PAY FOR IT IN FULL.

**Patients Signature**

**Date**

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Chart Copy