

Natalia Kaczmarek, Psy.D.
Licensed Clinical Psychologist
T: (312) 870-0120 - F: (312) 819-2080
Drnatalia.psyd@gmail.com

SERVICES CONTRACT

What to expect from my initial visit?

During our first meeting, we will go over your current concerns and identify treatment goals. It may take 1 to 3 sessions to gather an initial assessment, and I may ask for your permission to contact previous providers or other professionals (i.e. school teachers, school social workers, etc.) to obtain past and/or current treatment information. In this way, I am able to obtain the necessary information to completely understand your concerns and my ability to assist you. This is also an essential time to make sure I am able to meet your personal and clinical needs. If you choose not to receive services from me, I am able to provide you with other referrals that may better assist you.

What can I expect from therapy?

Therapy consists of regular meetings over an extended amount of time, which may vary from person to person. It involves building skills, knowledge, and insight, as well as attitude change, to help you address your treatment goals.

What are your credentials and clinical background?

I have a doctoral degree in clinical psychology from the Adler School of Professional Psychology, which is accredited by the American Psychological Association (APA). I am licensed through the state of Illinois, and a member of the Illinois Psychological Association (IPA) and the North American Society of Adlerian Psychology (NASAP). I specialize in working with children, adolescents, and young adults to help them with anxiety, depression, adjustment issues, behavioral issues, trauma, ADHD, and high functioning autism.

How much do services cost?

My out-of-pocket fee is \$150 per therapy session. Your sessions may also be covered through your health insurance plan. If your health insurance will pay for part of my fee, I will complete the insurance claim forms. It is notable that you may have a co-pay, as a result of your particular insurance plan and related benefits. Payments for sessions and/or co-pays are expected at the beginning of each session in the form of cash, check, or credit card.

What if I need to cancel or reschedule a session?

All cancellations of appointment must be made 24-hours in advance of the scheduled session. If you do not call to cancel and/or fail to show, you will be charged a \$100 cancellation fee. If you need to reschedule, please contact me as soon as possible and we can figure out another time to re-schedule.

What if I need to contact you before my scheduled appointment?

If you are in an emergency situation, please call 911 or proceed to your nearest emergency room. You may call my telephone and leave a message on my confidential voicemail.

Natalia Kaczmarek, Psy.D.
Licensed Clinical Psychologist
T: (312) 870-0120 - F: (312) 819-2080
Drnatalia.psyd@gmail.com

FINANCIAL CONTRACT

This contract outlines my financial policy. My fee is \$150 per therapy session. My services are also covered by Blue Cross/Blue Shield PPO, Cigna, and United. After receiving your benefits summary, we can clarify your co-payment and deductible for which are your financial responsibility. Payments for sessions, co-pays, and/or deductibles are expected at the beginning of each session in the form of cash, check, or credit card.

If you have other insurance than what is listed, your plan may cover out-of-network services. However, it is your responsibility to contact the insurance company to investigate information related to mental health benefits. If needed, I will provide monthly statements to submit for reimbursement as an out-of-network provider, and you will be responsible for any associated fees for services.

If paying your bill in a timely fashion becomes an issue at any point, please discuss this with me so we can come to a solution. If no solution has been discussed and your account has not been paid for more than 60 days, a collection agency may be used to secure payment.

Payment Method: Cash Check Credit Card Insurance

Insurance Information (Please complete or provide copy of your insurance card):

Insurance Company: _____

Subscriber Name: _____ Subscriber DOB: _____

Identification/Policy #: _____

Group or Enrollment #: _____

Insurance Company Phone #: _____

Please initial the following:

_____ Financial Relationship

I agree that a financial relationship with this therapist will continue as the therapist provides services to me. I agree to pay for services provided through termination of services.

(Continued on next page)

_____ Accepting Financial Responsibility

I understand that I am ultimately responsible for the services provided by this therapist to me, although other persons or insurance companies may make payments to my account.

_____ Authorization for release of information for billing purposes

I hereby authorize the release of any information necessary for third-party submission and/or payments for services. I authorize third-party benefits to Dr. Natalia Kaczmarek/Natalia Kaczmarek LLC for mental health services described herein.

_____ Cancellation Policy

Any cancellations of appointments must be made at least 24 hours in advance of the scheduled session. If I do not call to cancel and/or fail to show, **I will be charged a \$100 cancellation fee for the appointment.**

Signature of Client
(or person assuming financial responsibility)

Date

Natalia Kaczmarek, Psy.D.
Licensed Clinical Psychologist

Date

Natalia Kaczmarek, Psy.D.
Licensed Clinical Psychologist
T: (312) 870-0120 - F: (312) 819-2080
Drnatalia.psyd@gmail.com

CREDIT CARD AUTHORIZATION

I wish to authorize ongoing payments for sessions or late cancellations from Natalia Kaczmarek, Psy.D., using this credit card authorization form. Credit card transactions will be done through the Ivy Pay application, which is a HIPAA compliant credit card processing company. I further authorize from Natalia Kaczmarek, Psy.D., to maintain my card information on file. I agree that I will pay for these sessions or late cancellations and indemnify and hold from Natalia Kaczmarek, Psy.D, harmless against any liability pursuant to this authorization. I understand that my signature on this form will serve as authorized signature on the credit card charge slip. This authorization will remain in effect until such time when a written request to cease charges is received. Natalia Kaczmarek, Psy.D, will process all charges using a secure credit card service. Charges will be processed to the above stated account 1 to 5 business days after the session date or late cancellation.

Printed name

Signature

Date