



What To Expect at Your First Appointment

Hours and Cancellations

Psychotherapy sessions are typically 45 - 50 minutes long. If it becomes impossible for you to keep an appointment, it is important that you call to inform us of your cancellation. Due to the policy of reserved appointment times, an appointment that you cannot keep must be canceled no fewer than 24 hours before the appointment time. Appointments that have not been properly canceled will be charged the regular session fee. Insurance companies and probation departments will not pay for missed sessions, so these will be your sole responsibility. Unfortunately, we cannot call to remind people of appointments.

Phone Calls

Our general policy is to leave only our name and phone number when phone calls are returned. Please indicate your consent for our office to leave treatment information: appointment changes, account information, etc.

- I authorize Agor Behavioral Health Services, Inc. to leave treatment information on my answering machine and voice mail.
- I do not authorize Agor Behavioral Health Services, Inc. to leave treatment information on my answering machine and voice mail.

Print Client Name: _____

Fees and Insurance

Charges for sessions are consistent with standard psychotherapy fees in the community. PAYMENT IS REQUESTED AT THE TIME OF SERVICE. Please make checks payable to Agor Behavioral Health Services, Inc.

DCFS Clients, Referrals and those using Post-Adopt (post adoption services) must contact 312-808-5250 to get pre-authorization before the first session. (For more information on the post adoption assistance subsidy, visit <http://www.adoptinfo-il.org/postsupport6-subsidy.htm>.)

In divorce situations, the parent who brings in the child(ren) is obligated to pay the session fee or co-payment (even if he/she is not the insurance carrier). The parent bringing the child(ren) to the session is also responsible for sharing the information with the other parent. If the other parent would like to schedule a session to discuss the progress of the child(ren), the usual session fee is charged and must be paid at the time of the appointment.

Many insurance plans will reimburse you for some or all of the charges for psychotherapy. If you are eligible for reimbursement under your plan, you may attach the receipt from each session to your insurance claim form when you submit the claim. Any specific questions about your bill may be discussed with us. Fees not paid will be sent to collections. Please discuss any payment concerns with us immediately.

Late Fees and Non-Payment Information

Patient bills are mailed monthly. Payment is due within 30 days. Balances over \$50 may be paid at a minimum of 20% of the total account balance each month. A \$15.00 late fee will be applied to all accounts when the minimum amount due is not received within 30 days. Payment plans are available on current accounts; payment arrangements must be authorized by the Billing Department. If no payment is received within 3 billing cycles, the account will be turned over to a collection agency. The patient will be responsible for all collections fees. The Billing Department may be contacted by calling 630-621-5824 or emailing billing@doctoragor.com.

Court Reports and Sessions

Ideally, we do not attend court sessions. With very few exceptions, a court report can be written to bring to court. If we are required to attend a court session, the fee is double the per hour rate because it requires many standing clients to lose their appointment times. A written court report is a more economical way to work with court issues.

Emergencies

In the event of an emergency, you may contact my cell phone. However, we do not usually accept calls if in session. If we are not available in case of emergency, please call your local crisis line, contact your primary care physician, or proceed to your local emergency room.

Confidentiality

We are committed to making this a safe place for you to get help. To that end, we adhere to all legal protections of your confidentiality. Limitations include staff consultation, life-threatening behavior, child abuse, elder abuse and judge's orders to release information. *Good communication between us is vital to our ability to serve you well. Please tell us about problems and questions that might arise. If you don't understand an answer or if new problems arise, let us know. We want to provide you with the best possible care, and we need your cooperation to succeed. Please contact us if you have a concern.*

All items have been fully explained to me; I understand them and take full responsibility for their contents.

Client Signature: _____ Date: ____/____/____

Provider Signature: _____ Date: ____/____/____