



# FINANCIAL POLICY AND AGREEMENT

## The Chicago Stress Relief Center, Inc.

We invite you to discuss frankly with us any questions regarding our services. The best health services are based on a friendly, mutual understanding between provider and client.

### A. Payment for Services Rendered

Our office policy requires payment in full at the time of your visit. It should be noted that The Chicago Stress Relief Center, Inc. is not involved with any insurance contract except Medicare. However, we are happy to assist in filing claims to your insurance company on your behalf. However, it should be understood that you are responsible for payment of services rendered.

If you choose, we will assist you in filing your insurance claims to aid you in collecting reimbursement from your insurance company. The collection fee is no cost to you. If you choose to utilize our collection services we *cannot* guarantee reimbursement for services rendered, and you are still required to make payment in full at the time of each visit. We encourage you to call your insurance company to gain a better understanding of your benefits and deductible. If you do not agree with your insurance company's coverage, it is your responsibility to work it out with them. Your contract is between you and your carrier.

Payment for services received at The Chicago Stress Relief Center, Inc. can be made via cash, check, or credit/debit card except for American Express.

### B. Fees

Fees for services rendered differ based on the type of services received and the clinician who provides them.

Initial intake with Dr. Weissman (90 minutes).....	\$400
Initial intake with Dr. Weissman (60 minutes).....	\$300
Psychological/neuropsychological testing per hour.....	\$275
Individual therapy with Dr. Weissman (45 minutes).....	\$195
Individual therapy with Dr. Weissman (60 minutes).....	\$250
Individual therapy with Dr. Weissman (75 minutes).....	\$300
Individual therapy with Dr. Weissman (90 minutes).....	\$375
Individual therapy with Dr. Weissman (105 minutes).....	\$445
Initial intake by Jay Handler, M.A., MSCP 90791 (90 minutes).....	\$275
Individual therapy with Jay Handler, M.A., MSCP 90834 (45 minutes).....	\$140

Individual therapy with Jay Handler, M.A., MSCP 90837 (60 minutes).....\$185  
Individual therapy with Jay Handler, M.A., MSCP 90837 (75 minutes).....\$275

It should be noted that the fee for a complete psychological or neuropsychological evaluation may vary with the patient’s condition and referral question(s). A complete evaluation often involves a formal diagnostic interview, a review of medical history, administration of psychological/neuropsychological tests, scoring of measures given, professional interpretation of the results, a feedback session in which the results and recommendations are discussed with the client, and preparation of an extensive diagnostic report. A full evaluation may also include a review of all past evaluations, medical records, school transcripts, and/or work evaluations.

In an effort to make services more affordable for our clients, The Chicago Stress Relief Center, Inc. offers services billed on a sliding scale. This means your payment for services rendered will be based on your current level of income. Please note that this service is only provided to those who can provide evidence of financial hardship.

**C. Collections**

If your account is turned over for collections for any reason, you are responsible for all collection and attorney’s fees associated with the collection process.

**D. Cancellations**

If you cancel your appointment without 24-HOUR NOTICE, there will be a full fee charge assessed to your account.

**I authorize the provider to submit a claim to my insurance carrier, or its intermediaries, for all services rendered. I also authorize the provider to release any information required to process insurance claims and authorize payment of benefits to the payee directly. Additionally, I authorize a copy of this contract to be used in place of the original when necessary.**

**I have received and read the financial agreement and policy of The Chicago Stress Relief Center, Inc. I fully understand my rights and obligations and agree to be bound by them.**

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**Signature of Patient** **Date**