

TheITMGroup

INTENSIVE TREATMENT MODALITIES

Ted Shaw, Ph.D. Alvin Butler, LMHC Harry Spears, LMHC

225 SW 7th Terrace Gainesville, Fl. 32601

Tel: 352-379-2829 Fax: 352-379-2843

Terms of Service Agreement

For the services rendered by Jennifer Sager, Ph.D., I agree to pay all debts for services rendered, and other customary charges in accordance with the terms set below:

1. I agree to pay my co-payment, my deductible, or my fee for service at the time that service is rendered.
2. I understand that I am personally responsible to know my insurance limits, exclusions, deductibles, and co-payment structures, even though the support staff does a preliminary check. I do not hold Jennifer Sager, Ph.D., responsible for insurance company errors or refusals for reimbursements for services rendered. I understand I am responsible for all services for which my insurance will not pay.
3. I agree to reimburse Jennifer Sager, Ph.D., a fee of \$35.00 for any session, which I cancel or reschedule without giving 24 hours notice or for which I fail to arrive. (Insurance companies will not pay for late cancellations or missed appointments.) This does not apply to certain EAP clients.
4. I understand that if I miss two or more sessions without giving 24 hours notice, my therapist reserves the right to terminate our therapy relationship by letter or phone call.
5. I understand that at no time will an outstanding co-pay or fee for service balance of more than \$125.00 be allowed and that therapy may be temporarily suspended or terminated until sufficient payment is received to place my balance below this amount.
6. I understand that a collection agency may be employed after my account with Jennifer Sager, Ph.D., becomes 60 days past due. I also understand that other reasonable legal action may be taken to secure payment to Jennifer Sager, Ph.D. I agree to pay for collection costs, including attorney's fees and costs, and to release the needed information to collect my past due bill.
7. I understand that payment for any legal report is due in full before it is completed, and any payment for a court appearance is due prior to said appearance.
8. In the event that the undersigned therapist reasonably believes that I am a danger to myself or another person, I specifically authorize the therapist to warn the person in danger and to contact appropriate medical and law enforcement personnel. This release of information will expire one month after the last date of clinical contact.
9. I authorize Jennifer Sager, Ph.D., to release any information necessary to review and process claims to my insurance company(s), and authorize my insurance company(s) to assign benefits directly to Jennifer Sager, Ph.D. Copies of this assignment shall be as valid as the original for the purpose of releasing information.
10. I acknowledge that I read and received a copy of *Information for New Clients*.
11. I acknowledge that I have been offered a copy of Jennifer Sager, Ph.D. ***Notice of Privacy Practices*** and have been informed that a copy of the ***Notice of Privacy Practices*** is posted in the waiting area.
12. I acknowledge that each 50 minute session will cost \$125.00. Initial intake sessions will cost \$175.00. Adjustments to these fees may be made based on contractual agreements Jennifer Sager, Ph.D. has with insurance companies, or other factors.

Client or Legal Guardian Signature

____/____/____
Date

Jennifer Sager, Ph.D.