

OFFICE POLICIES AND FEE PAYMENT AGREEMENT

Iris C. Alegria Chazenbalk, Marriage and Family Therapist, Lic. No. MFC 36475 (323) 634-4812
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To acquaint you with my office policies, the following information is presented so that our work together will be mutually productive and beneficial.

TELEPHONE AND EMERGENCY PROCEDURES: If you need to reach me between sessions, please leave a message at the office (323) 634-4812. The voicemail is monitored regularly and your call will be returned within 24 hours or less with the exception of week-ends and holidays. If an emergency situation arises, please indicate it clearly in your message. If you fail to reach me for any reason and are experiencing a life threatening emergency, please call (911).

PAYMENTS AND INSURANCE REIMBERSEMENT: Payment for services is requested at each meeting unless other arrangements have been made. Our time together can be utilized to the fullest extent if you **will have your check prepared before the session starts.**

Patients who carry Insurance need to remember that if for any reason, your Insurance Company denies payment or there are any discrepancies, you are responsible for the entire balance. You are responsible for making sure that you understand your benefits. Initial _____

*****CANCELLATION POLICY:** Since the scheduling of an appointment involves the reservation of time specifically for you, a minimum of 24 hours notice is required. Unless we agree differently, you may be charged for the missed appointment. Same day cancellations will be charged under all circumstances. Initial _____

TERMINATION AND REFERRALS: You have the right to terminate therapy at any time. Standard therapeutic practice would suggest our discussing this first. If you wish, I would be happy to provide you with names of other qualified professionals whose services you might prefer.

The intent of the above policies is to avoid any misunderstanding that might interfere with our professional relationship. Please feel free to discuss any questions/comments you might have with me, during our first appointment or at any time in the future.

I have read the above "Policies and Agreement" and I agree to abide by it.

Print Name _____

Signature _____ Date _____