



Clinical Psychologist » State of Washington » Lic# 60078953

VoiceMail: (206) 617-6002

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OFFICE POLICIES

Information about fees.

For those clients who do not have insurance benefits, we offer a sliding scale fee that is based on income and the number of dependents in the client's immediate family. My basic fee is \$175 for a fifty-minute therapeutic hour. Fees and payment arrangements can be discussed during the initial consultation. MasterCard, Visa and Discover are accepted.

Information about payment arrangements.

In general, payment or copayment (set by your insurance company) is expected at the time of service unless prior arrangements have been made. A copy of your insurance card will be taken at the initial consultation, and Dr Ruttenberg's office will submit your claim to the insurance company. This will be discussed further in session.

Information about cancellation policies.

The time that is scheduled for you is not available to any one else. If you cannot make it to your appointment or need to change it, please note the following cancellation and no show policy:

If I am not notified 24 hours before the time of your appointment, and we do not meet for our scheduled appointment (no show), I charge \$75. to \$225. per occurrence. Insurance does not cover late cancellation and no show fees. If you have to change or cancel your appointment, please call me 24 hours before your scheduled appointment. If for some reason, I can not make it into my office, I will attempt to contact you immediately.

If you want me to complete additional forms, such as the Family Leave of Absence, you will be charged a fee of \$25.00, as insurance companies do not reimburse for this service. We can discuss this further in session.

Information about collection procedures.

Unless prior arrangements are made, payment for services is due at the time of service. Please Note: If we are filing your insurance, then any Co-payment or Deductible is due at the time of service. MasterCard, Visa, and Discover are accepted. Any payments you do not make during the month are due in the month in which you receive your bill.

In the event that all efforts to resolve a billing dispute fail, your account may be turned over to a collection agency. At that point, all contact regarding your billing account will be handled by them.

Please sign and date as acknowledgement of understanding.

_____signature _____today's date

Thank You!