

Marcie O'Neil, MSW, LISW

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POLICIES AND INFORMATION

This information sheet is designed to answer any questions that you have regarding session times, fees, billing, confidentiality, and contact between sessions. Please feel free to ask any questions after reading and signing this information sheet.

TIME: Regularly scheduled office hours are from 8am-12pm on Mondays and 8am to 7pm on Tuesdays and Thursdays. The sessions are 45-60 minutes in duration. In the event that you need to cancel an appointment please make notification by way of contacting the front desk at 513-984-2333 or by leaving a voicemail within 24 hours of the actual time of your appointment. Email cancellations are not applicable. Payments of fees for missed sessions or late cancellations must be made prior to scheduling the next therapy session. Insurance companies will not reimburse for missed sessions.

COSTS:

- \$130.00 for the Initial Diagnostic Session
- \$110.00 for Family, Marital or Couples Counseling
- \$100.00 for 45 minute Individual Psychotherapy or EMDR sessions
- \$110.00 for 60 minute Individual Psychotherapy or Family Therapy
- \$60.00 for Half Sessions
- \$60.00 for Missed Appointments or Cancellations without 24 hours prior notice.
- Report Fees and Extended Phone Consultations are billed according to time

All co-pays and missed visit charges are to be made at the time of the visit. Phone consultation fees are due prior to the next session. Report fees are payable prior to the release of the report. Please make checks payable to Marcie O'Neil, MSW, LISW. Credit cards may also be used at the front desk.

INSURANCE: You may decide to pay for your sessions on a cost basis as outlined above. If you decide to use your insurance, please contact your insurance company prior to your first visit. If a preauthorization for treatment is needed, you will need to call your insurance company and inform them that you are requesting authorization for psychotherapy under Marcie O'Neil, MSW, LISW. We will file insurance claims on your behalf and will make inquiries about any claims. In cases where problems cannot be resolved by the billing staff at Cincinnati Psychiatric Services you will be required to pay for the cost of your treatment. In order to assist with this process, please keep any paperwork that arrives at your home regarding your coverage and notify us of any policy changes. The adjusted fees from your insurance plan will be accepted. You will be charged for any other co-pays, deductibles and services that are not covered by your insurance company.

Any questions regarding your bill may be directed to Cincinnati Psychiatric Services at 513-984-2333. They will be happy to assist you.

CONFIDENTIALITY: Professional and personal ethics require me to keep everything you discuss confidential. I will not give out any information about you to anyone without your permission. There are a few times when, by law, I must share specific information about you:

- 1) If I or my records are subpoenaed by a court of law,
- 2) If I have knowledge or suspicion of child abuse or neglect, I must report it to the Child Protection Services;
- 3) I must contact someone if you are an imminent threat to yourself.
- 4) I must warn third party if they are in danger due to a threat made during a session.

I have read and understand the policies as outlined on this sheet. I consent to have a copy of my insurance card and demographic information given to our billing department for the purpose of billing my insurance claim. I also permit Marcie O'Neil, MSW, LISW to submit treatment plans or have dialogues with my insurance companies in order to gain authorizations to continue payment of my treatment.

Patient (or parent if a minor) _____

Date_____

Witness_____ Date_____

Please sign the HIPAA form to state that you understand the laws and limits of confidentiality. Releases of information can be revoked at any time by submitting a request in writing and sending it to my office.