



North Star Therapy, PLLC  
 Arezoo Khanzadeh, Psy.D. LCP  
 3516 Plank Road, Suite 6C  
 Fredericksburg, VA 22407  
 P: 540- 388-2891 Fax 540-412-0223

Client Name: \_\_\_\_\_ Client's Date of Birth: \_\_\_\_\_

## Financial Responsibilities

### Appointments:

- All office visits are by appointment and may be scheduled through Dr. Arezoo Khanzadeh.
- Please arrive on time, as you use up your own time when you arrive late for an appointment. The usual length of an appointment is 50 minutes.
- Late cancellation (less than 24 hours before) and/or no-show appointments are billed to the client for the full amount. In the case of illness, please notify me no later than 9:00 a.m. the day of the appointment. Please leave a message if you get voice mail. If your appointment is cancelled or missed, contact the office for a new appointment time. Insurance companies will not pay for no-show charges or late cancellation charges or for telephone consultations, this would be the client's responsibility.

### Fees:

- The client portion (co-pay) of fees is expected at the time of service.
- Your health insurance may help you recover some of your counseling costs. Most group policies, but few individual policies cover outpatient psychotherapy. Please verify with your company the amounts of coverage for outpatient psychotherapy by licensed professionals. If your policy requires preauthorization to receive services, it is your responsibility and needs to be handled prior to your first visit.
- Insured clients are expected to take care of their fees as services are rendered. Our office will bill your insurance company for services provided. You will receive a statement each month reflecting any balance due on your account. This office cannot accept responsibility for collecting your insurance claims or for negotiating a settlement on a disputed claim. You are responsible for payment (and insurance claims) on your account. ***Failure to pay your part may jeopardize your benefits. Copays are not negotiable.***
- Clients paying on a cash basis, and not billing any insurance company are expected to pay in full at time of service unless a payment plan has been previously arranged.
- Except in the case of minors or when other arrangements are made, the person receiving the counseling service is financially liable.
- Accounts become delinquent after thirty (30) days. ***Accounts 90 days in arrears will be terminated.***
- Any change in my financial situation I will discuss with my therapist. In the event you find it necessary to change mental health providers and require records to be sent from North Star Therapy, PLLC your account will need to be paid in full.

I have read, understand and agree to the above financial responsibilities. I have been offered a copy of these responsibilities to take with me if desired. I hereby authorize North Star Therapy, PLLC/Dr. Arezoo Khanzadeh to release any information acquired in the course of my therapy to my insurance company (if client is a minor, parent or guardian sign). I understand my insurance coverage is a relationship between me and my insurance company, and I agree to accept financial responsibility for payment of charges incurred. I understand that a re-billing fee/financial charge complying with Virginia State Law will be applied to any overdue balance, and in the event of non-payment, I will bear the cost of collection and/or court costs and reasonable legal fees should this be required. I have read and/or received a copy of North Star Therapy's HIPAA Privacy Rule

Initial Interview _____	Psychological testing _____	Co-Pay _____	Session Fee (50min) _____
Group _____	Deductible _____	Non or Late Cancellation _____	
Court Fee _____	Bounced Check Fee _____	Letter/Correspondence _____	

Client(s) Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

Therapist Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Emergencies: The best phone number for all offices is 540-388-2891. If you receive the voice mail, please leave a message for Dr. Khanzadeh. I may be on the phone, in therapy with someone else, or out of the office. In a crisis situation, and I cannot be reached you may call the 24-hour RACSB Crisis Line: 540-373-6876 or go immediately to your local hospital emergency room.