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

Patient Name:___________________________________ Patient Date of Birth: ________________

Financial Responsibilities

***Appointments*:**

- Please arrive on time. If you are 15 minutes or more late, the appointment will be rescheduled, and you will be charged for a late cancelation fee.
- Late cancellation (less than 24 hours before) and/or no-show appointments are billed to the patient for the full amount. 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 patient's responsibility.
- If three or more scheduled appointments are missed, your case will be closed.

***Fees*:**

- The patient 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 patients 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.***
- Patients 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 and could possibly be sent to the collection agency. ***Accounts 90 days in arrears will be terminated.***
- Any change in my financial situation or insurance needs to be provided to the office.
- 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 patient 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.

Parental capacity_______ Psychological testing __________ Custody evaluation________
Co-Pay __________ Deductible __________ Non or Late Cancellation __________ Court Fee _________
Bounced Check Fee _________ Letter/Correspondence __________
Fees for medical records: $0.50 per page up to 50 pages $0.25 each additional page. Search/handling fee $20.00 Plus all shipping costs.

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Patient/Guardian Signature & Date

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Arezoo Khanzadeh, Psy.D. & Date

Revised November 2022