

Statement of Understanding for Psychological Services with

Ted Meltzer, M.A.

This statement seeks to clarify office policies and procedures, and your rights as a client.

Ted Meltzer, MA

Your therapist, Ted Meltzer, received his Masters Degree from Fairleigh Dickinson University in 1973 and has been licensed as a psychologist in the State of Missouri since 1982. He has clinical training in individual, marital, and group therapy, as well as psychological testing and evaluation. He is trained to deal effectively with a wide range of clinical problems and specializes in the treatment of anger and domestic violence issues. Mr. Meltzer developed and directs the STEM (Strength Through Emotions Management) program. He is a member of the St. Louis Psychological Association and the American Psychological Association.

Payment Policies

A fee of \$120.00 is charged for the initial evaluation, and a fee of \$100.00 is charged for each follow up session. Sessions are generally 45 minutes in length. The fee is \$45 for group sessions, which last approximately 90 minutes. Full payment or copayment is expected at the time of service. For your convenience we accept cash, check, or credit.. The following cards are accepted: MasterCard, Visa, and Discover. A fee of \$75.00 will be charged for all returned checks. If you have insurance and would like us to file the proper forms, it is your responsibility to do the following:

1. It is your responsibility to give us the correct and updated insurance information to follow their rules for coverage. Please notify the office of any change in insurance as soon as possible. We will file the proper forms; however, if the claims are denied, you are responsible for the full fee charged.
2. It is your responsibility to check with your insurance prior to your first visit for any necessary precertification. Any claims denied for missing authorization for the initial visit will be the patient's responsibility. After the office has your insurance information, it will be our responsibility to obtain further authorization from your insurance for your future visits.. In rare situations, you may need to contact your insurance for the purpose of payment, and we will contact you in these situations.
3. If you believe there is an error in billing, or have any questions, please contact the office Monday-Friday from 9:00 a.m. to 5:00 p.m.

Non-treatment proceedings include: appearance in court, depositions, and any other service not directly related to treatment. Clients assume all financial responsibility for non treatment proceedings. Any charges for the time required to do medical records, lengthy or multiple reports, letters, or forms not directly related to treatment will be the client's responsibility. You would be advised in advance for these charges: When requesting any of the above mentioned non-treatment services please notify the office as soon as possible as it takes 1-2 weeks for the office staff to complete your request. There will be a fee of \$25 for any disability paperwork work that your therapist must fill. out. This fee is non-negotiable and payable prior to sending out the paperwork.

Cancellation Policy

Cooperation and courtesy are important in the therapeutic process. When you schedule an appointment, that time is reserved for you. If you fail to appear for the scheduled appointment, or fail to give a 24-hour notice of your cancellation, you will be charged a missed appointment fee of \$55.00, which is not covered by

insurance companies. The secretarial staff does provide courtesy reminder phone calls the evening before the scheduled appointment. However, these phone calls are not guaranteed and it is ultimately the client's responsibility to schedule and cancel appointments. If you should need to cancel an appointment in the evening or during the weekend, please use the voice mail system at (314) 997-6463. It is understood that emergencies may arise. In these situations, it is Mr. Meltzer's decision whether to waive any charges.

After Hours/Emergency Contacts

During office hours, call the office (314/997-6463) and tell the office personnel that there is an emergency and that you need to speak with Mr. Meltzer. They will contact me and I will return your call as soon as possible. After hours, the office phone will automatically connect you to my emergency number. When Mr. Meltzer is out of town, or otherwise not available, call the office and you will be told who is covering for him in his absence. If you are unable to contact Mr. Meltzer and the situation is urgent, go to the emergency room at your local hospital for assistance.

Mind Care Associates is not a group practice:

Each provider is an independent professional in this office and is not part of a group. Your provider shares space and office services, such as collection of your payments, through Mind Care Associates LLC. Mind Care Associates LLC is not responsible for your treatment and does not provide any supervision for the independent counselors, psychologists, or psychiatrists working in the offices of Mind Care Associates LLC.

Services Agreement/Consent

I understand that I have voluntarily chosen to receive psychological services from Ted Meltzer, and that I may terminate therapy at any time, I understand that there is work involved with therapy and that at times emotions may be painful. I understand that the therapeutic relationship is important and that I have the right to ask questions that will help me understand the process and address any concerns. I have the right to be informed of the various activities involved in therapy. I have the right to humane care and protection during therapy. I further understand that Mind Care Associates LLC is not a group practice and each provider is responsible for himself or herself in regard to their professional treatment of clients. I agree to hold Mind Care Associates harmless for the care provided by Ted Meltzer.

I HAVE READ THE STATEMENT OF UNDERSTANDING, AND AGREE TO COMPLY WITH ALL OF THE POLICIES AND PROCEDURES OF THIS PRACTICE.

CLIENT SIGNATURE

DATE

RESPONSIBLE PARTY SIGNATURE (if other than client)

DATE

WITNESS SIGNATURE

DATE

Please feel free to discuss any aspects of this Statement of Understanding with your therapist or with the office staff.