

LINDA FOLTZ, PH.D.

LICENSED PSYCHOLOGIST

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CLIENT INFORMATION SHEET

I welcome you as my client and appreciate the opportunity to work with you. The following information has been prepared to answer some of the questions you may have. Please read this sheet carefully before signing.

CONFIDENTIALITY: All communications between client and therapist will be held in confidence and will not be revealed unless authorized by you and/or required by law, such as situations of child abuse or threats of physical harm to self or others. It may be necessary to provide your insurance company with a treatment plan and prognosis in order to receive payment from them for services. By signing this, you give your permission for this information to be conveyed to your insurance company.

OFFICE HOURS: Both day and evening appointments are available on Mondays, Tuesdays, Thursdays, and Fridays. The standard appointment is 45 minutes long. You can call and leave a message on my answering machine at any time.

FEES: The standard fee for a 45-50 minute therapy session is \$120.00. Psychological testing, consultation, or other services outside the realm of therapy (such as telephone calls to schools and letters to pediatricians) are billed at the rate of \$200.00 per hour. Court involvement; including testimony, preparation, depositions, travel time and time waiting to testify is billed at the rate of \$200.00 per hour. Please note that most of the services provided outside of the realm of therapy will not be covered by your insurance company and will need to be paid directly by you. A retainer is required prior to psychological testing and court testimony.

PAYMENTS: All visits are to be paid for IN FULL at the time of the service in the form of cash or a check (no credit cards). Insurance clients are expected to pay at least that portion of the fee not covered by their primary insurance.

INSURANCE: We will be glad to work with you by verifying coverage and filing claims for you. However, it is ultimately your responsibility to see that the bill is paid. *Please note that we do not file secondary insurance but will provide you with the documentation to do so on your own.*

CANCELLATIONS: Any appointment that is canceled with less than 24 **business hours'** notice will be billed at the regular rate (\$120.00). Charges for appointments which are either late cancellations or missed without notice will **not** be covered by your insurance company and will be your personal responsibility. If a canceled appointment can be made up during the same week or another person can fill a late cancellation, there will be no charge. Repeated missed appointments without the 24 hours' notice will be the basis for termination of services.

CHILDREN: I cannot accept responsibility for the supervision of unattended children in the waiting room. If you are bringing your child to see me, please bring another family member or friend with you to supervise your child while you meet with me.

I have read and agreed to Dr. Foltz's policy as listed above.

Signature

Date