

ALICE R. BERKOWITZ, PH.D.
A Professional Psychology Corporation
Clinical & Forensic Psychologist
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FINANCIAL AND CANCELLATION POLICY

Charges for psychological services are due and payable at the time services are rendered. If any unusual circumstances make it difficult for you to meet our terms, we suggest you call and discuss the matter with our office manager. This will avoid misunderstandings and enable you to keep your account in good standing. To cover additional bookkeeping costs a service for \$25.00 will be added to your account balance for each personal check that is returned to us by your bank. Please note that all accounts 30 days past due will accrue interest at 1.5% per month (18% A.P.R) After 90 days any unresolved accounts will be forwarded to collections. Clients will be responsible for all collection fees, including but not limited to collection fees, court fees, attorney fees.

Please note that Dr. Berkowitz bills on a 45-minute hour for Psychotherapy. Any requested calls to other therapists must accompany a Release of Information. Dr. Berkowitz bills for her time on any such call. The charge will be based on 15 minute- intervals (for instance, If Dr. Berkowitz speaks to the person requested for 20 minutes, that is billed at 30 minutes; if 10 minutes, that will be billed at 15 minutes.

Dr. Berkowitz is not on any Insurance Panel and does not take insurance. I statement will provided to you at the end of each month for you to submit to your insurance company for reimbursement. We cannot guarantee payment by your insurance company.

The type of statement used by this office makes it unnecessary for us to complete insurance claim forms. Simply follow the instructions on the back of the billing statement, attach your completed claim form and forward both to your insurance company.

If you must cancel your appointment, we require you to do so 48 hours in advance to avoid being charged for the appointment.

It is our hope that you will understand that our financial and cancellation policies are a necessary part of maintaining reasonable fees for professional services.

Should you have any questions, please contact our office manager.

I have read and agree to the above terms.

Signature

Print Name

Date