

Risa Newell, Ph.D., L.L.C., Licensed Clinical Psychologist
7047 E. Greenway Parkway, #250 | Scottsdale, AZ 85254
(T) 602-478-1477 (F) 602-773-0998 risa@newellphd.com

Newellphd.com

**Signature required below*

Usual and Customary Fees

The first session of treatment will involve an *Initial Evaluation* (\$200) of the problem that led you to seek treatment, requiring a full hour of assessment.

Early treatment and urgent or pressing matters generally require *60-minute sessions* (\$175). Once stabilized, weekly or bi-weekly *45-minute sessions* (\$150) at a reserved day and time are scheduled.

If I am a Contracted Provider for your Insurance Company, there is an agreed-upon *Evaluation and Psychotherapy rate* specific to your insurance company. There is usually a designated copay or coinsurance amount determined by your insurance company that is due at the time of service.

If insurance denies payment and the claim is not resolved within 90 days, *you are ultimately responsible for payment of services*.

The following are cash and insurance billing fees:

- Initial Evaluation - \$200
- 30-minute session - \$100
- 45-minute session - \$150
- 60-minute session - \$175

The following are not covered by insurance:

- Missed Appointment - \$100
- Late Cancellation - \$75 (after 8:00 AM day of appointment)
- Telephone Consultation - \$75 for 30 minutes and \$150 for 60 minutes
- Documentation, Letters and Reports – \$50 and up, based on time spent

Billing and Payment

All fees, copays, coinsurance, deductible amounts, and private-pay fees are due at the time of the appointment, unless other arrangements have been made in advance. Please provide your payment directly to Dr. Newell.

I store encrypted credit-card or debit-card information in my practice management software, Therapy Notes, which will be used to cover deductibles, copays, coinsurance, cash pay, and late-cancellation or no-show fees. An online Payment Authorization Form will be provided to securely store your card information. If other payment arrangements have been made and you are to be billed, please respond to any billing from this office *within 15 days of receipt*.

Cancellation Policy

If possible, please provide 48-hour notice if you need to cancel or reschedule an appointment.

If sick on the day of your appointment – please cancel by 8:00 AM. Emergencies are the exception.

For sick or unexpected cancellations, please text or call (602) 478-1477 – *please do not email*.

Late Cancellation (after 8:00 AM): \$75

Missed Appointment: \$100

Insurance companies will not pay for late cancellations or missed appointments.

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Documentation, Letters, Reports, and Medical Records

The office will charge \$50 and up, based on time spent, for letters, record requests, reports, and evaluations. Medical Records may be sent electronically at no charge. Medical Records that require printing or copying may incur a fee, based on time spent.

Telephone Consultation

While Telehealth Sessions are currently covered by insurance, a Telephone Consultation (other than a psychotherapy session) is generally not. Any Telephone Consultation that exceeds 10 minutes will thus be billed at the consultation rate.

Insurance Information

I am a provider for several insurance plans. If you have insurance, you will typically be responsible for a copay, coinsurance, and/or deductible. If your insurance out-of-pocket maximum is met or you have secondary insurance, your treatment costs may be covered at 100%. My office will attempt to contact your insurance company and verify benefits prior to your initial visit. On occasion, however, we are unable to reach the benefits department or are quoted inaccurate information.

The patient is required to provide all the necessary information for billing purposes, including but not limited to date of birth and physical address for the patient, spouse, and/or responsible party, (i.e., Insurance Holder).

Be aware that we submit your diagnosis for insurance billing. While insurance companies are required to protect this information, it may be shared with other insurers.

Please update my office of any changes in name, address, employment, or insurance information using the Patient Information Update form on my website.

Accepted Insurance Plans:

- Aetna
- Blue Cross Blue Shield
- Cigna Behavioral Health
- Managed Health Network
- Magellan Behavioral Health
- Medicare (with Supplemental Plans)
- Optum Health (United Behavioral Health)

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Office Financial Policy Consents

I have received a copy of the Financial Policy and have reviewed any questions or concerns I might have with Dr. Newell.

_____/_____/_____
Signature Date

I authorize the release of any medical or other information necessary to submit medical claims to my insurance company. I understand that this Consent is for the purpose of Billing and Reimbursement.

_____/_____/_____
Signature Date

I authorize payment of insurance benefits directly to Risa Newell, Ph.D. for services provided. I also acknowledge that I am financially responsible for charges that are not covered by my insurance.

_____/_____/_____
Signature Date