

GENERAL INFORMATION

This information sheet explains some of the important parameters of our working arrangement.

TELEPHONE: My office number is 847-692-6692. My emergency cell # is 847-401-4608 and may be used only for life-threatening situations. If for some reason I am not available in an emergency, go to your nearest emergency room. You may also e-mail or text message me on my cell at any time.

FEES: My fee is \$135 per 45-50 minute session (generally 45 minutes for children and 50 for adults). Fees for evaluations and other services vary.

CANCELLATIONS: If you know you are not going to make your appointment for any reason, please give at least 48-hours notice or you will be responsible to pay a \$50 fee before any other sessions will be scheduled. In the event of sudden onset of sickness, accident, family emergency, or a natural catastrophe, the fee will not be assessed.

CONFIDENTIALITY: I am committed to keeping all discussions private. The only way I will speak or write about a client, including a high-school age adolescent, is with your informed (written) authorization. There are four exceptions to this, in which case I would take appropriate action with or without your consent:

1. If I believe that you (or your high-schooler) are a danger to someone else
2. If I believe that you (or your high-schooler) are a danger to yourself
3. If I have knowledge or suspicion of any form of child or elder abuse/neglect
4. Any actions necessary to receive payment from your insurance carrier or collections agency

If I am working with your child who is under the age of 14, I will explain to him/her in your presence that these rules have limitations when we talk. I will discuss general and specific things with you unless your child has requested that I not share something specific AND it is not a safety issue AND it is not critical to his/her mental health.

INSURANCE AND PAYMENTS:

1. All payments, including any co-payments or deductibles, are expected at the time services are rendered. Please have your payment ready before the session. Make checks out to either "Dathan Paterno" or "Park Ridge Psychological Services". Cash and credit cards are also accepted.
2. Our billing manager will check your benefits at the beginning of treatment by contacting the insurance company directly. In order to avoid any problems with payments, it is wise to fax your insurance information (with a copy of your card) to PRPS at 888-440-2577 or download the Intake Form from www.parkridgepsych.com, complete the form, then fax it.
3. As a courtesy, we will submit Blue Cross/Blue Shield insurance claims and accept the payment of benefits directly from them. For all other insurance claims, payments are expected at the time services are rendered; a bill will be given to you, with all necessary information, to submit to your insurance company for reimbursement.
4. Please note that all insurance plans vary and your benefits and co-payments are **estimates** of your benefits. If you still owe a balance after payment from your insurance company, we will send a statement and request payment of the remaining balance.