

Bonnie Connor, PhD
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OFFICE POLICIES & PROCEDURES

Thank you for selecting the neuropsychology practice of Bonnie Connor, PhD. The following information describes the policies and procedures of my practice regarding the scheduling of appointments, the payment of fees, and the use of medical insurance.

Appointments and Cancellations: Since each appointment involves the reservation of time specifically for you, a minimum of 24 hours (1 day) notice is required for re-scheduling or canceling an appointment. The full fee will be charged for sessions missed without such notification, and are due and payable by the next visit. Most insurance companies do not reimburse for missed sessions.

Services: Psychotherapy sessions are usually 45 minutes in length. Treatment for Post Traumatic Stress Disorder (PTSD), couple therapy, and family therapy [for age or illness related cognitive decline, acquired brain injury e.g. stroke or traumatic brain injury, or catastrophic injury e.g. spinal cord injury, loss of limb] require longer sessions of usually 80 to 90 minutes.

Neuropsychological evaluation may take as little face-to-face time as 2 hours and as much as 8 hours depending on the referral question, and the age and abilities of the patient. The neuropsychological evaluation process, including additional time required for test scoring, interpretation, analysis, report writing, and feedback is described in detail in the Consent for Neuropsychological Services.

Payment for services rendered: Unless otherwise agreed, payment is made at the time service is rendered. It is your responsibility to contact your insurance company prior to your first appointment to request authorization for services, if authorization is necessary. Please inform me of your authorized sessions and billing information. Failure to comply may result in loss of benefits and you being held responsible for 100% of the service fees.

I am obligated to bill your insurance company only if I am a contracted provider. I am a contracted provider for Medicare, TriCare, and MHN EAP programs. With these insurance plans you agree to assignment of benefits to Bonnie Connor, PhD. You will be responsible for any co-payment or specialty service fee (SFPD *only*, \$25 per 45 minute session) not covered by your insurance. For all other insurance plans you may make a request directly to your insurance company for a Single Case Agreement between the company and Bonnie Connor, PhD. In these agreements, I am treated as an in-network provider for your case only for reimbursement to you. I will be happy to provide you with information on how to request a Single Case Agreement.

It is your responsibility to file claims with your insurance company for any and all services provided by Bonnie Connor, PhD, unless I am a contracted provider (see above). If requested, I will provide you with a "superbill" to submit to your insurance company. Because you have paid for the session, any reimbursement from insurance will go directly to you. It is your responsibility to determine whether your insurance company will reimburse you.

Payment: Payment is due at the beginning of each session. You may pre-pay by clicking on the 'payment' button on my web site: www.bonnieconnor.com. If you are paying by check, please make checks payable to: Bonnie Connor, PhD. There is a \$25 fee for returned checks. My fee is \$125 for 45 minutes. Longer sessions are prorated based on this fee. Cases involving litigation are billed at a higher rate depending upon the complexities of the case.

Telephone Consultations: I will return your call at my first opportunity. Calls longer than 5 minutes must be scheduled in advance and will be charged at my usual and customary rate of \$150 per hour. Scheduled telephone appointments must be paid in advance, by check or using the 'payment' button on my web site: www.bonnieconnor.com.

Email: You may communicate with me using my HIPAA compliant secure email account: bonnie@secure.bonnieconnor.com. Appointment scheduling and brief questions can be addressed via email. I do not discuss diagnosis, treatment, or recommendations by email.

Reports and Consultations: A minimum fee of one (1) hour is charged for all psychotherapy reports based on my usual and customary fee of \$150 per hour. Neuropsychological evaluation reports are billed based on total time spent in face-to-face testing, scoring, interpreting, analyzing, and report writing. Please see Consent for Neuropsychological Services for details.

Telephone calls and professional consultations with physicians, health care providers, attorneys or others as needed related to your treatment must be paid in advance and will be charged at the rate of \$150 per hour. Contact with other service providers requires your consent.

Confidentiality: All information disclosed within sessions, and the written records pertaining to those sessions, is confidential, within the limits of California law, and may not be revealed to anyone without your written permission, except when disclosure is required by law.* In the event that I must contact another individual or agency regarding you or your situation, I will make every effort to obtain your written or verbal consent. Certain disclosures may be requested by your insurance. I am not liable for how this information is utilized or the nature of the inquiries.

*Psychologists are mandated by law to report to the appropriate authorities, with or without client consent, suspected child abuse, elder abuse, dependent adult abuse, or the intent to harm self or others.

Social Networking: I do not accept friend requests from current or former patients on any social networking sites (Facebook, LinkedIn, etc). Adding patients as friends or contacts on these sites compromises your confidentiality and our respective privacy. I request that you do not communicate with me via any interactive or social networking web sites.

In case of an emergency, please call 911 or go to your closest emergency room.

I have carefully read this agreement and my questions were answered by Bonnie Connor, PhD.

_____ Date of Birth _____
Patient name (print)

_____ Date _____
Patient Signature

_____ Date _____
Patient Guardian/Relationship to Patient

_____ Date _____
Signature of Bonnie Connor, PhD