

Nina Barlevy, Psy.D.

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**FEE SCHEDULE**

(revised 1/2024)

**PROFESSIONAL SERVICES CASH FEES:**

Initial Therapy Visit (intake)	\$200.00/hr
Individual Psychotherapy, Family Therapy, or Marital Counseling	\$200.00/hr
Test Interpretation and Review	\$200.00/hr
Report/Document Preparation	\$200.00/hr
Group Psychotherapy	\$100.00/hr
Telephone Therapy/Consultation - charged per 15 minutes	\$50.00
Professional Consultation (Doctor, Lawyer, etc.) - charged per 15 minutes	\$50.00
Behavioral Training	\$200.00/hr
Hospital Visit	\$300.00/hr
School, IEP or Home Visit (Time + Travel)	\$300.00/hr
Educational/Vocational Therapy	\$200.00/hr
Educational Classes (Parenting)	\$100.00/hr

**PROFESSIONAL SERVICES INSURANCE FEES**

All of the above prices are determined by individual insurance providers (if covered). Client is responsible for the co-pay **determined by the insurance company**. Insurance clients are only seen between the hours of 10am and 4pm Monday thru Friday. If you would like an early appointment (before 10am) or an appointment after 5pm, you will not be able to use your insurance to pay for these services. The early morning and late afternoon appointment times are reserved for cash clients only.

**ADMINISTRATIVE FEES:**

Returned Check	\$30.00
Document Copy Services	\$30.00
	+ 50cents/copy

Remember it is your responsibility to understand exactly the charges for the services you receive and which services are covered by insurance. If you have any doubt, or if you do not understand the charge for a recommended service, call your insurance company.

## FEE AGREEMENT

Dr. Barlevy knows that unexpected medical costs are one of the most common sources of stress on individuals and families. Dr. Barlevy attempts at all times to keep that stress to a minimum by keeping her fees as low as possible. **Please read the attached fee schedule carefully.** If you have any questions about the fee schedule, please ask Dr. Barlevy. If you are paying part or all of your fees with insurance, be aware that most insurance carriers place limitations of the types of service for which they will pay. Dr. Barlevy may recommend a service or you may request a service which is not covered by insurance, in which case you will pay the entire fee. When a given service is recommended to you or if you request a service or procedure, make certain that it is clear to you whether or not your insurance will pay. If you are in doubt, please contact your insurance provider.

**All fees are to be paid at the time of service.** A fee of one and one half percent per month (18% per year) may be added monthly to all outstanding accounts in excess of thirty days. If you are making regular payments to your account, this may be waived.

Certain health insurance plans have pre-arranged contracted fee arrangements that are different than the amounts quoted. Upon verification of your eligibility and benefits, your insurance carrier will be billed for you and Dr. Barlevy will be paid directly by the carrier. **The client will be responsible for any applicable deductibles and co-payments at the time of service.** If you are not eligible at the time services are rendered or if your insurance carrier does not authorize the services, you are responsible for payment of the quoted fees or the rate negotiated with your insurance carrier, whichever applies.

### CANCELLED/MISSED APPOINTMENTS

**Sessions are normally scheduled for 45-50 minutes. Group sessions are scheduled for approximately 90 minutes. A scheduled appointment means that time is reserved only for you. Dr. Barlevy understands that life doesn't always give us 24 hour notice so if an appointment needs to be canceled, you must do so at least 2 (TWO) hours prior to your scheduled appointment time (or as soon as it becomes clear that you will not be able to make the appointment), otherwise you will be billed the entire fee (\$180.00). This charge cannot be billed to your insurance plan so YOU are responsible for the entire fee. If you have more than three "last-minute" cancellations in less than 6 months, perhaps therapy is not a priority at this time and you may be asked to consider terminating until therapy can again be a priority for you.**

### DELINQUENT ACCOUNTS

If accounts become delinquent (past 30 days) Dr. Barlevy's independent billing contractor will begin collection procedures. They will attempt to contact you directly. If your account remains delinquent (past 90 days) an outside collection agency may be used and/or small claims court action taken. In such cases, non clinical information (as given on the New Client Information form) may be released to assist in the collection of the amount due. Client will be responsible for all court and legal fees incurred if above action is necessary.

**Page 2 of 3 Client/Guardian Initials:** \_\_\_\_\_

**PAYMENT OPTIONS**

Although Dr. Barlevy takes all forms of payment, by signing this document, you are confirming your awareness and understanding that some forms of payment (credit card through Square, Venmo, etc.) are susceptible to unintentional disclosure of your protected health information to entities not under the control of Dr. Barlevy and therefore outside the scope of the her ability to keep your information confidential.

If any of the above provisions are not satisfactory, please make alternative arrangements prior to or during your first therapy appointment. Please sign to indicate that you have carefully read and agree to the above conditions.

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Print Client Name

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Signature of Person Financially Responsible and Date