

Nancy Eldredge, Ph.D., C.S.C.
Psychologist

Patient Information and Responsibilities

Appointments:

I understand that office visits are by appointment only. And that “walk-ins” cannot be seen.

If I need to cancel or reschedule my appointment, I will give the office at least 24 hours notice or I understand that I will be charged \$50.00 for the first missed session. \$135.00 (Dr. Eldredge’s full fee) will be charged for any additional missed appointments. I understand that the office will attempt to contact me and if I do not respond with 24 hours my future appointments will be canceled.

If I am late for my appointment, it will end at the same time as it would if I were on time. However, if Dr. Eldredge is delayed, my appointment will last for the full 50 minutes.

Insurance:

I will update the office regarding any changes in my address, telephone number, email, etc. and if my insurance changes. I will bring a current insurance card to every visit. (Insurance companies will not pay for appointments without preauthorization).

I understand that my insurance co-pay is due at the time of my visit.

Billing:

I understand this office will file my visit charges to my insurance carrier provided that I show proof of coverage. If no card or proof of insurance is present, the burden of full payment falls on me.

If there are any outstanding patient balances due on my account after insurance has been billed and/or paid, I will pay them within 30 days at a rate of 1.5% a month.

**Referrals:
(HMP/PPO Patients)**

I understand that I am responsible for bringing an authorization to my appointment if one is required.

I understand it is my responsibility to know which specialists are covered by my insurance (for example, psychiatrists).

Services:

Non-medical correspondence such as Social Security reports, letters and forms completion are not covered by insurance and I understand that there will be a charge for these services.

Office:

I will always treat the office staff with courtesy and respect and understand that I will receive the same from them.

Signature: _____

Date: _____

Print Name: _____