

**Neal Mazer, MD, MPH**  
**OFFICE PRACTICES AND BILLING**

Dear Clients:

I feel that I am best able to serve you if you are aware of my office practices. Please read over the following and sign two copies, keeping one for your records.

EVALUATIONS: In order to develop a treatment plan that we can all agree upon, I have found it most productive to begin treatment of children and adolescents, and often adults, after an evaluation period. Critical information collected will include strengths, interests and challenges; goals and priorities; what works, what doesn't; critical people in the client and family's support system; and past response to medications and alternative treatments.

CONFIDENTIALITY: All communications between adult clients and myself are kept strictly confidential. Communications between child and adolescent clients and myself are kept *relatively* confidential, as I explain to children and adolescents that I will have some contact with their parents. In order to maintain trust with adolescents, I provide them with an oral summary of all conversations and emails with parents, and when appropriate share email. There are, however, two exceptions to confidentiality:

*If I am convinced that the client will do harm to him or herself, or to someone else, I am required by law to take appropriate measures to assure the safety of the client or the safety of anyone else who is threatened.*

*If a client reveals child abuse (sexual, physical, or emotional), I am required by law to report such matters to the Child Protective Services or the appropriate authorities.*

EMERGENCY PROCEDURE: If you are in crisis and need emergency assistance, contact me at 570.6749. **If you are unable to reach me, please call 911 or go to the nearest emergency room.**

CANCELLATIONS: The appointment time has been reserved for the client. Subsequently, missed appointments and non-emergency last minute cancellations with less than 24 hours notice will be billed. Insurance companies will not pay for missed appointments.

APPOINTMENTS AND FEES: Fifty-minute psychotherapy and psychopharmacology sessions are billed at \$260 per session. Twenty five-minute sessions are billed at \$160 per session. Refills for clients not seen on a regular basis will be charged \$50. While there is no cost for short phone calls, longer calls are billed proportional to my rate of \$260/hour. An invoice will be sent at the end of each month.

INSURANCE: In some cases, health insurance plans will reimburse clients for a specified portion of the billed amount. I require that clients pay their entire bill and then be reimbursed by the insurance company. I will prepare a billing statement at the end of each month for you to attach to the insurance company claim form. I will, of course, be happy to help if necessary.

DELINQUENT ACCOUNT POLICY: Failure to pay your account in a timely manner will result in legal action or use of a collection agency. You will be charged for all costs incurred for this extra service.

Please sign the following:

I have read the above statement and any questions have been answered to my satisfaction.

---

*Signature of client, or parent (if client is less than 18 years old)*