Vanessa Weinbach, Ph.D.
Clinical Psychologist, lic. 3681
6 Riverfield Dr., Westport, CT 06880 ~ 203.343.4208

Financial agreement

First, Middle, Last Name: _____

Social Security Number: _____ Date Of Birth: _____

Insurance Information — Please submit a copy of your insurance card (front & back) to provider.

Name of Insurance Carrier: _____

Policy Number: _____ Name Of Insured: _____

Insurance Company Telephone: _____

Secondary Insurance Carrier: _____

Policy Number: _____ Name Of Insured: _____

Insurance Company Telephone: _____

Fee and Financial Agreement

Standard Fees: Initial Assessment $600; Ongoing Treatment, 45-53 mins $600, 53+ minutes: $650; Phone Calls: $600 prorated per minute after initial 15 mins. Court Fees: $600/Hr; Sliding scale fee: TBD per clinical situation.

By signing below, I agree to pay any required copayments/coinsurance/deductible fees OR a cash pay rate in the amount of _____ to Vanessa Weinbach, Ph.D., for services provided. I understand that this fee is subject to change, and any change in fee will be as mutually agreed upon. I understand that my fee is subject to periodic review, particularly if I am paying a reduced fee and my financial situation changes. I agree to pay for services at the time they are provided. I understand that, if I do not pay my for services within 30 days of the date of service, my fees will be charged to my credit card. If I am utilizing my health insurance to pay for these services, I hereby assign any payments from my health insurance provider to Vanessa Weinbach, Ph.D.

By signing below, I hereby authorize the release of any medical information needed by my insurance provider to process claims submitted for payment. I agree to be responsible for any charges not covered by my health insurance. If making payments by check, please pay to the order of Vanessa Weinbach, Ph.D.

I understand that my health insurance cannot be billed for missed appointments. I agree to pay an administrative fee of $_____ for appointments missed without providing **48 hours** notice, emergencies (such as substantial illness or injury of yourself or a dependent for whom you must be home to care for) excepted.

Signature: _____ Date: _____

Signature: _____ Date: _____

Vanessa Weinbach, PhD