

ANXIETY & AGORAPHOBIA TREATMENT CENTER, LTD.

1500 Skokie Boulevard ~ Suite 204 ~ Northbrook, IL 60062
(847) 559-0001

656 W. Randolph~ Suite 4W ~ Chicago, IL 60661
FAX (847) 559-8438

Patient & Family Informed Consent: What You Need to Know

Initial Assessment: The first 1-3 sessions are devoted to a comprehensive assessment of your problems. You will be charged the Assessment Fee on your first visit (i.e. one time).

Your Treatment Plan – may include one or a combination of the following: individual therapy (which can include family members), group therapy, support group, referrals to a psychiatrist for medication evaluation, specialized exposure therapy or referrals to a physician for medical evaluation. Exposure therapy may occur on a weekly basis, or may be required on a more intensive basis when your difficulties are more severe. All therapy we offer is empirically supported and provided to you because it is the treatment most likely to help you or your child overcome your anxiety or anxiety-related condition.

What We Expect From You:

In order to insure treatment success, you must make a commitment to work on your treatment goals every day, not just during therapy sessions. Early in treatment, you and your therapist will identify specific goals for which you will have weekly home practice assignments.

Hours – by appointment to be scheduled by your therapist(s).

Handling Emergencies: If you or your child are in a mental health emergency and require immediate assistance, please go to the nearest hospital emergency room and leave a voicemail message for your therapist to notify them of the emergency. If you are uncertain how to manage a panic attack or an exposure assignment, please leave a message for your therapist on their pager or voicemail. Your therapist will return your call as soon as they have available time. They will not, however, interrupt therapy sessions with other patients or important personal events to return your call. If you believe that you need therapy that provides 24 hour crisis management, please discuss this with your therapist and they will help you find a referral to a program that can best meet your needs.

Insurance:

AATC staff members **do not** participate in any networks or any type of insurance, (Medicare, CHAMPUS/TRICARE , Medicaid or private plans). We do this in order to keep our costs reasonable and to allow us to spend time working on your treatment. Occasionally your insurance company may require us to contact them to discuss your treatment and progress. We are glad to respond to brief requests for information. In the event that extensive information or written reports are requested, AATC staff will notify you and discuss the likely fees associated with providing these services. Insurance companies may have different levels of coverage. Reimbursement varies depending upon the level of benefits that you and your employer have chosen. Your degree of coverage is a matter between you and your insurance company and/or your employer.

Initials of Patient
or legal representative

Medicare/Medicaid:

AATC, Ltd., is *not* a covered provider for Medicare or Medicaid. **All AATC, Ltd. providers are excluded from Medicare under the Social Security Act**, therefore you or your legal representative accept full responsibility for payment of all charges according to AATC, Ltd. policies. Usual Medicare limits to charges and services do not apply. By choosing to work with AATC, Ltd., you acknowledge that you completely forego the use of these benefits for your treatment at this clinic and agree that neither you nor any representative will file any claims to Medicare or Medicaid, nor will you ask the provider to do so.

Medicare payments will not be made for any activities through this clinic, including that of any particular service provided that may have been otherwise eligible for Medicare submission were it not for the presence of this private contract. Medigap plans do not, and other supplemental plans may elect not to, reimburse you for these services at AATC, Ltd., which are not covered by Medicare.

You acknowledge that you freely enter this contract with the knowledge of your right to obtain Medicare covered services from providers who have not opted out of Medicare, and understand that you are not compelled to enter into private contracts with providers who have not opted out of Medicare.

AATC, Ltd., providers current formal opt out period from Medicare covers effective dates February 15, 2011 through February 15, 2013, and is renewed every two years. I understand that if I would resume treatment or need a booster session after this current opt out period expires, or if I am seeing a newly qualified provider, that I will be asked to sign an updated contract for that new time period.

Our Fees and Payment Policy:

Our fee schedule has been established after long consideration of what is just and fair. This takes into account the experience and expertise of our staff and the customary fee in our geographic area. Payment for office visits is requested at the time of service. You may pay with cash, check or Visa, MasterCard or Debit Card. You may also authorize payment with your credit card number to be kept on file.

	Master's Level Fees	Doctoral Level Fees
Individual Therapy:	\$125.00 per 45' session \$167.00 per 60' session	\$165.00 per 45' session \$220.00 per 60' session
Initial Assessment/Evaluation:	\$190.00 per 45' session \$254.00 per 60' session	\$190.00 per 45' session \$254.00 per 60' session

You will be given a "super bill" with the proper code numbers for diagnostic category and type of service provided. You may mail this to your insurance company or save it for your financial records. You will then be reimbursed directly by your insurance company per the terms of your policy.

Exposure Therapy/Home visits: Pro-rated in 5' increments at the therapist's hourly rate. Travel time to and from the office is included in the total charge.

Telephone Calls/Consultation with Other Professionals/Report writing: Pro-rated in 5' increments at the therapist's hourly rate. These calls may, or may not, be covered by insurance.

Cancellation Policy: The hourly fee for the missed session is charged for cancellations with less than 24 hours notice, unless your therapist can fill your session time with another patient. Charges for missed appointments are *not* covered by insurance and are your responsibility.

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ACKNOWLEDGEMENT OF AGREEMENT AND UNDERSTANDING

I acknowledge that I have received, read, understand, and agree to abide by the AATC, Ltd. policies described above. I have reviewed this sheet with an AATC, Ltd. staff member, have had all of my questions fully answered, and am being given a copy for my records.

My signature below shows that I understand and agree with all of these statements

Patient

Date

Parent or Legal Representative

Date

I, the therapist, have discussed the issues above with the client (and/or his or her parent, guardian, or other representative). My observations of this person's behavior and responses give me no reason to believe that this person is not fully competent to give informed and willing consent.

Signature of Therapist

Date

- A copy of this agreement has been given to the client.
- A copy of this agreement has been kept by the therapist for client records.