

Name: \_\_\_\_\_



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[www.hartsteinpsychological.com](http://www.hartsteinpsychological.com)

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## FINANCIAL AGREEMENT – HEALTH INSURANCE

### Insurance Coverage

Hartstein Psychological Services (HPS) does not participate on any insurance company panels.

HPS will provide a detailed invoice with diagnostic and procedure codes needed for your submission to any insurance company.

HPS will communicate with insurance companies, when needed, to provide the appropriate clinical information to facilitate potential reimbursement. By signing this form, you are authorizing this office, upon request from your insurance carrier, to release information necessary to process claims.

### Responsibility for Payment

All services provided are billed directly to the client or caregiver. The client, or caregiver, is responsible for payment of services: either at the time rendered or monthly, as agreed upon with HPS at the initial intake session. Payment to HPS is expected regardless of insurance coverage and/or reimbursement by insurance companies.

If balances are one month overdue, the credit or debit card on file will be charged for the unpaid balance. If the unpaid balance reaches significant proportions, with no effort to remedy the situation, therapeutic services will be terminated (with proper notice) and appropriate referrals will be provided. At that time, your case may also be sent to a collections agency. You will be responsible for any fees incurred.

### Voluntary Termination of Care

If you suspend or terminate your care at any time, all outstanding balances are immediately due and payable to Hartstein Psychological Services.

\_\_\_\_\_  
Print name of client

\_\_\_\_\_  
Print name of client's representative (for clients under 18)

\_\_\_\_\_  
Signature of client (or representative)

\_\_\_\_\_  
Date

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If signed by client's representative, state representative's authority to act on client's behalf

