Fishbein
Performance
Consulting

Dr. Jeffrey A. Fishbein
Sport Psychology Consultant

I am pleased to have the opportunity to work with you. This document contains very important information about my policies and procedures. Please read and sign where indicated.

PAYMENT: Payment in full is expected at the time of service, or according to a mutually agreed upon schedule. Cash or check is accepted. In addition to weekly appointments, I charge for other professional services you may need, such as report writing, telephone conversations, email dialogues, attendance at meetings with other professionals that you have authorized, preparation of records or treatment summaries, and time spent performing any other service you may request. Your account is expected to be paid in full at the end of each month. If there remains an outstanding balance on your account after an attempt to collect has been unsuccessful, there will be a 2% fee per month added to the existing balance.

CANCELLATION POLICY: Once an appointment is scheduled, I have a *48-hour* notice policy for cancellation. This reasonable prior notice of cancellations permits me to better accommodate my client's needs. Except in cases of family/medical emergency and illness, appointments cancelled within the allotted time period will be charged full fee for the appointment. This will be non-negotiable.

INSURANCE REIMBURSEMENT: Health insurance policies do not cover sport psychological services. However, if there is a pre-existing diagnosis and part of the "treatment" relates to that diagnosis, I will provide you with a bill you can submit to your insurance company. Regardless, you (not your insurance company) are responsible for full payment of my fees.

THANK YOU

If you have any questions, please do not hesitate to ask. Please sign below indicating you have read and understand this policy and agree to abide by it.

Name of Client: _____ / _____ / _____
(18 yrs or older) Print Name Signature Date

Name of Parent: _____ / _____ / _____
Print Name Signature Date

Signature: _____ / _____
Dr. Jeffrey A. Fishbein Date

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