

Marisa Nava, Ph.D.
Licensed Clinical Psychologist

Patient Contract for Insurance

Payment is due at the time of service

Insurance companies require collection of deductibles and co-pays at the time of service. Specific coverage varies by plan and service.

Self-pay clients are also required to pay at the time of service.

Appointments are time that you contract with the provider to set aside for you.

Psychotherapy appointments are generally scheduled for 45-50 minutes. If you need to cancel or reschedule an appointment, please do so by calling my office at least one business day prior to the scheduled time so that time can be offered to someone else. If you do not provide adequate notice to reschedule or cancel the appointment, I reserve the right to bill you for any amount I deem reasonable up to the full amount that would have been charged for the scheduled appointment.

Insurance will not cover missed appointments.

I have read, understand, and agree to the above. I agree to accept the services of Marisa Nava, Ph.D. and to accept the fees for those services as lawful debt. I promise to pay said fees as outlined above. This includes an agreement to pay costs of collections, attorney fees, and court costs, if necessary. I waive now and forever the right to claim exception under the Constitution and laws of the State of South Carolina or any other state. I also understand that failure to pay these fees may result in release of my name, known phone numbers, and addresses, and other information during the collection process.

_____ (initial here). I request Marisa Nava, Ph.D. to file my insurance claims and I hereby authorize the release of any psychiatric, psychological, or other medical information to process those claims.

Authorization to pay insurance benefits: If I have not paid my visits in full, then I hereby now and forever authorize and direct all payment (s) to be made directly to Marisa Nava, Ph.D. who rendered service for the benefits payable from all plans of health insurance or benefit programs otherwise payable to me. A copy of this is as valid as the original.

Permission for Treatment or Services

Permission is hereby given to Marisa Nava, Ph.D. to render treatment and/or service to

_____ whose relationship to me is

___ Self ___ Child ___ Other (Specify: _____)

Your
signature: _____ Date: _____

Provider:
signature _____ Date: _____