

PATRICIA VELKOFF, PH.D., P.C.
CLINICAL PSYCHOLOGIST
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PATIENT INFORMATION

FEES

Diagnostic Evaluation (75-90 minutes)	\$280.00-400.00	Psychological Testing, Full	\$2,856.00
Therapy (Individual or Family, 50 minutes)	\$180.00	Psychological Testing, Partial	varies
Forensic Fee (testimony: four hour minimum)	\$575.00/hour	Additional services (telephone consultations, letter writing, etc.)	\$180.00/hour
School Observation (including travel time), per hour	\$ 180.00	Late Cancellations & Missed Appointments (these are not reimbursed by insurance)	\$180.00/hour

APPOINTMENTS & CANCELLATIONS

Therapy appointments are 50 to 55 minutes. Testing appointments, particularly for children, are scheduled early in the day to optimize performance. Please call 24 hours in advance if you need to cancel an appointment so that the time can be made available to someone else. **You will be charged at full fee for any missed appointments or late cancellations, and your insurance carrier will not cover these charges.**

EMERGENCIES

As a solo practitioner, I am not available 24-hours a day for emergency coverage. If you have a psychiatric emergency after hours, please leave a message at (703) 631-0247 (home office answering machine) and then contact your local emergency room or community mental health center. Their well-trained practitioners are available 24-hours a day.

MEDICAL INSURANCE

Insurance policies vary widely in coverage of mental health services. As I am not a provider for any insurance plans, please call your carrier to understand your coverage. Some common questions to ask are whether:

- *you have coverage for mental health services
- *precertification is needed for therapy or testing
- *your insurance company uses an exclusive panel of preferred providers
- *you will receive any coverage for an out-of-network provider
- *there are limits on diagnoses covered for testing and/or therapy
- *your insurance company covers individual and/or family therapy
- *you have met, or need to meet, an annual deductible

Identifying this information will allow us to plan your visits so that you are not surprised by any out-of-pocket expenses. You will receive a monthly billing statement with all of the information needed to file your insurance claim, and I will only file your claims if this is required by your insurance carrier. I am willing to make additional phone calls or complete additional forms if this helps you get reimbursement. Payment is expected either at the time of service or within the first 10 days after receipt of the billing statement, unless other arrangements have been made in advance.

Federal (HIPAA) and state regulations protect the privacy, security, and transmission of private health information. These regulations permit only the following information to be released to your insurance carrier: dates of service; session start and stop times; type of therapy; results of clinical tests; and summary of diagnosis, functional status, treatment plan, symptoms, prognosis, and progress to date. Requests for additional information will require your written permission. I will gladly assist you in obtaining ethical and legal insurance reimbursement. I maintain safety and security measures that keep your health information safe from unwanted or accidental disclosure. Measures include: locking file cabinets; password-guarded computer files; regular external computer backups; use of a land-based telephone and a cordless telephone with Frequency Hopping Spread Spectrum (FHSS) Technology; and written instructions to a professional colleague for the disposition of all paper and computer records in the event of an emergency.

I will work with you to understand your goals in therapy and to determine how you can best work toward them. Please let me know at any point in our meetings if you have any questions or concerns.