CYNTHIA J. HAAKANA, Ph.D., L.P. 4500 Park Glen Road Suite 155 St. Louis Park, Minnesota 55416-4888 952-928-0618 952-928-9774 (fax)

FINANCIAL ARRANGEMENTS, APPOINTMENTS, AND CANCELLATION POLICY

The following procedures were developed in cooperation with Cynthia Haakana, Ph.D. and are followed WITHOUT EXCEPTION. Please take the time to read through these instructions, so you will be familiar with the policies and will know what is expected of you. **SCHEDULING**

- 1. Scheduled appointments are for 60 minutes.
- 2. Clients can schedule their appointments with their own therapist.
- 3.Clients will be charged for all scheduled appointments including missed appointments unless **ONE WORKING DAY** notice is given (except Monday appointments must be canceled by Friday). Missed sessions will be charged at the current full rate. There are no exceptions. Missed appointments cannot be submitted to insurance companies for reimbursement. In case of a mistake in scheduling, Cynthia Haakana will make an effort to determine if she was responsible for the mistake. In ambiguous situations, the office policy will be to bill on the basis of what is scheduled in the office appointment book.
- 4. There is no prorating of sessions if the client is late for an appointment. If the therapist is late, the client will still be seen for 60 minutes or a prorated session.

FINANCIAL

- 1.Intake Sessions: \$ 300.00 Family/Couple Sessions: \$240.00 Individual Sessions: \$225.00
- 2.My rates increase on January 1st of each year by \$10.00.
- 3.If you have BlueCrossBlue Shield, PreferredOne or Medicare, I will do your billing for you and you will be responsible for the co-pays at the time of the session. For all other insurances, at the beginning of each session, you will pay for the session. As a courtesy, I will bill your insurance for you. Insurance companies might reimburse you directly or they pay me. If you have a credit, you can keep it on your account or/and I will reimburse you. If you are not filing for insurance at this time, but would like to receive a statement, please request it from your therapist.
- 4. Sometimes you or your insurance company may request more information to process your claim or for other reasons. The rate for writing reports, prior authorizations is \$100.00 per hour. You and not your insurance company will be responsible for this fee.
- 5.If your check is returned to me by your bank, you will be assessed a \$30.00 processing fee.
- 6.Cynthia Haakana does not have 24-hour crisis coverage. Clients who experience a crisis when the office is closed may call the appropriate county crisis lines or 911 if that is the better option. Please notify your therapist as soon as the office opens if you require these services so your therapist may facilitate your care. My office hours are approximately 8:00AM to 6:00PM Monday through Thursday and Fridays 8:00 to 11:00 with summer hours slightly different.

SIGNATURE:

Your signature below indicates that you have read the information in the: (1) Psychotherapist-Patient Services Agreement, (2) Financial
Arrangements, Appointments, and Cancellation Policy, (3) General Client Information documents and agree to abide by their terms
during our professional relationship. You were also offered a copy of the HIPAA notice. Your signature below indicates that you have
read this agreement and agree to its terms and also serves as an acknowledgement that you were offered the HIPAA notice form.
Signature

Signature	
Date	
RFV: 05/19	