

ANGELA E. MOSKOVIS, PH.D.

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PRACTICE GUIDELINES

To Patients and Families:

Welcome to my practice. I have developed this guide to provide answers to questions about fees, appointments, insurance, messages and other issues. If you have any further questions or concerns, please feel free to discuss them with me.

Services Offered:

Evaluations

Clinical office evaluations are 60 minutes in length, covering present concerns, history, initial recommendations and treatment planning.

Therapy

Therapy sessions are 45 minutes in length. These services may include individual, marital, family, or group psychotherapy.

Telephone conferences:

If a question comes up between appointments, you may leave me a message at (858)259-6272. To the extent that professional services are rendered by telephone, such services will be billed at the regular rate.

Cancellation Policy:

If you are unable to keep an appointment, please notify me immediately. If an appointment is missed or not canceled within 24 hours of the scheduled time, you will be charged for that session.

Emergencies:

For life threatening emergencies, call 911. If you must reach me urgently, call (858) 259-6272, follow the instructions for urgent calls and I will call you at my earliest convenience.

Payment:

My fee is \$375.00 for the initial evaluation (60 minutes), and \$225.00 for subsequent sessions (45 minutes), or \$275 for subsequent sessions (60 minutes). Initial evaluations for home health visits are \$350.00 and subsequent psychotherapy visits are \$260.00 (45 minutes). Payment is due at the time of service. A 1.5% late fee will be assessed per month on accounts over 30 days past due. In the event that collection becomes necessary, all reasonable collection expenses, including collection agency and/or fees, will be charged to the patient's account.

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Insurance:

Many patients prefer privacy of care, as most insurance companies retain the right to review your file if they are covering a portion of the cost. I do not routinely file insurance claims. However, I will provide you with an appropriate receipt for you to submit an insurance claim.

Confidentiality:

Discussions between my patients and I are privileged under California law. However, privacy may be curtailed whenever there is active concern for the safety of the patient or others, and/or when there is evidence of maltreatment or abuse at present or in the past. In addition, should an account become past due such that the collection process is initiated, then during such a process a patient's right to privacy is curtailed to the extent necessary for collection.

ACKNOWLEDGE THAT I HAVE READ THIS DOCUMENT, THAT I WILL FULLY COMPLY WITH ITS TERMS, AND THAT I SHALL BE FULLY RESPONSIBLE FOR PAYMENT OF ALL CHARGES. I HEREBY AUTHORIZE TREATMENT AS DEEMED BY THE PRACTICE AND I

Signature of responsible party.

Date

Printed name of responsible party.