Welcome to the offices of Zabrin Inan, MD. This document spells out our payment policy. I encourage you to join me in all decision making regarding your treatment. Please read the rest of this page and indicate your understanding and agreement with your signature.

PROFESSIONAL FEES

PROCEDURE	FEE
Initial Evaluation	$275
Individual Psychotherapy with or without medication management	$165
Medication Management	$125
Record Related—including preparation of typed report for third parties	$250.00/hr
Meeting Attendance (including travel time)	$250.00/hr
Returned Check	$25.00

Our payment policy requires payment at the time of service if insurance is not being used or co-payment if it is. If insurance is used, your co-payment must be paid at time of service.

CANCELLATIONS: You must give us 24 hours' notice of an appointment cancellation. You will be billed in full for missed appointments or appointments not cancelled within the required 24-hour time period. We reserve the right to waive the cancellation fee on a case-by-case basis.

All phone calls, e-mails, collaboration with other care providers and/or organizations—including reports and letters—will be billed at the $250 hourly rate. Additionally, you are responsible to pay for sessions that have occurred already but are not paid by your insurer.

Court subpoena-required testimony in custody or divorce and any other civil lawsuit will be billed at $800/hour, including travel and waiting time. All subpoena-required testimony bills must be pre-paid. The client is solely responsible for any charges incurred as a result of subpoena-required testimony.

HEALTH INSURANCE Most insurers limit reimbursement to "medically necessary" treatment. Typically, this means that treatment must be for acute psychological distress and/or debilitation in work, school or social functioning. If your insurance company "certifies" that medical necessity exists, authorization for payment for a set of sessions is given.

Pre-authorization and continued authorization is the sole responsibility patient. Authorization depends on your insurer's review of your medical history and status. This type of review might require my office to disclose information about your symptoms, goals and progress. Your insurer also may limit the number of sessions that it will pay for in a given year.

If you use your insurance plan, you may want to continue treatment beyond what the company deems medically necessary or beyond your standard benefit. If we decide that this is in your best interest, I would be happy to continue with you. Finally, please let me know if there is any change in your insurance plan or in your ability to pay charges in a timely way.

It is your responsibility to understand your insurance benefits. Dr. Inan accepts the following insurance:

- **Blue Cross Blue Shield PPO**
- **First Health PPO**
- **United Healthcare PPO**
- **PHCS PPO**
- **Humana PPO**
- **Cigna**

BILLING QUESTIONS

Please call our billing office for billing questions. Be sure to leave a detailed message regarding your question and how best to contact you.

312.952.3054 | 312.280.8854 Fax

Our billing office will submit statements directly to your insurance company, or provide statements that you may submit to your insurance company. All co-payments are due at the time of service.

For your convenience, we accept personal checks, credit cards (MasterCard and Visa) and debit cards. If you have a credit balance, you can elect to:

- Have that credit applied to future visits, or
- Have a check sent to you for the amount of the credit balance.

CONFIDENTIALITY All information that you disclose will be kept strictly confidential, in accordance with professional standards and all applicable state and federal laws. An exception will be made if:

- You intend to harm yourself or someone else
- You indicate the possibility of child/elder abuse or neglect
- You are subject to a court proceeding in which your records are subpoenaed

Understood and agreed to by:

_____
PRINT YOUR NAME

_____
YOUR SIGNATURE

_____
DATE

_____
YOUR EMAIL ADDRESS (personal, not WORK ADDRESS)

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