Barbara Edell Fisher, Ph.D.
368 Veterans Highway, Suite 4
Commack, NY 11725
(631) 864-0880

I have agreed to see you under the terms set by the managed care company which oversees your mental health benefits. In order to avoid misunderstandings regarding what this means, I have outlined some of the general aspects of managed care.

Managed care means that an outside company has been engaged to select approved therapists and to determine the need for treatment and the length of time treatment will be provided. If I am working with you as a managed care patient, I have entered into a contract with the managed care company. While contracts vary, you should be aware of the following, which applies in virtually all cases.

The managed care company will receive regular reports regarding your symptoms, diagnosis and treatment. There are no restrictions on the type or amount of information they may require. I will be glad to discuss the contents of these reports with you. While managed care companies report that they use procedures to maintain confidentiality I cannot be responsible in any way for the managed care company's use or disclosure of the information I provide to them.

In many instances the managed care company must approve all sessions in advance. Each company has its own criteria for what it will consider to be "medical need" for psychotherapy. This may differ from our assessment of your need for treatment. I will take full responsibility for the timely filing of requests for additional sessions and I will notify you of the outcome of these requests. However, provided I have met my responsibilities, you will be responsible for direct payment of any charges which are not paid by your insurance carrier.

You are responsible for any copayments and deductibles not covered by your insurance company. Additionally, please note that managed care companies do not reimburse for broken appointments. Please give 24 hours notice for cancellations or you will be responsible for the full fee.

Name _____

Signature _____

Date _____