

Veronica (Roni) Ahern, M.A.
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PROVISION OF SERVICES AGREEMENT

1. I understand and agree to the terms and expectations as stated in the Data Privacy and Business Practices form.
2. I understand and agree that it is my responsibility, before starting therapy, to be fully aware of the coverage for mental health services (deductibles, co-payments, and treatment and session limits) of my health insurance policy.
3. I understand that my therapist will submit insurance claims when required to do so by the insurance company or the State of Minnesota. These will be submitted either in paper form or electronically.
4. I agree to pay the full payment or co-payment required at each therapy session.
5. Since the co-payment may vary over the course of my therapy, I understand and agree that any discrepancy in payment will be resolved at the conclusion of my therapy.
6. I understand that some insurance companies require a Prior Authorization to determine the medical necessity of treatment before additional sessions are authorized. I agree that it is my responsibility to know the number of sessions that have been authorized, and the number of sessions remaining, and to inform my therapist when a Prior Authorization needs to be written.
7. I understand and agree that if my insurance company determines that my therapy is not medically necessary, I have the option to continue therapy with the costs of any further therapy as my responsibility. I agree that if I have Blue Cross and Blue Shield Insurance, and the insurance company determines that services previously provided to me in good faith are later deemed ineligible for reimbursement, that I am responsible to pay for those services.
8. I understand and agree that I will be charged the full hourly fee for missed appointments, or cancellation of any appointment with less than one business day notice, unless my therapist and I both agree the situation was unavoidable.
9. I understand that for any fees that have gone unpaid by more than 30 days, without any prior agreement or understanding, I will be charged a finance charge of 1% per month (12% per year) except in cases when the balance is owed by Blue Cross or Medical Assistance.
10. I understand that a collection agency will be used to recover fees that have gone unpaid by more than 60 days without any prior agreement or understanding. All costs incurred due to the use of a collection agency will be added to the total balance and will be owed by me.

Client Signature

Date