

Terms and Conditions

To Clients:

Diagnosis and Recommended Treatment

As part of your initial consultation, Dr. Alik will discuss your diagnosis and my proposed treatment plan, including my estimated length of treatment.

Appointments

- Please arrive promptly for all appointments.
- Initial Consultations are 90 minutes. Follow-up appointments are 60 minutes.
- Dr. Alik's fees are \$250 per hour.
- Certain types of treatment may include home visits, hospital, and assisted living. An extra fee may be charged for out-of-office visits and travel. Please contact the office for more information.
- Payment is due by check, cash, or credit card at the time of your visit.

Cancellations

If you must cancel your appointment, please contact the office at 239.322.3817 as soon as possible. You will be charged the full fee for appointments scheduled and missed, or canceled within 24 hours of the scheduled appointment time, unless both parties agree that your situation was beyond your ability to predict or control (illness or unsafe travel conditions). Please note that payment for missed appointments is not reimbursed by your insurance provider.

Cost of Professional Services

Dr. Alik's billing rates are below and due in full at the time of service.

- 90 Minutes of Treatments
 - \$250
- 60 Minutes of Treatment
 - \$150
- Missed appointments
 - \$200 (see Cancellations)
- Off-site meetings/consultations (in-home visits)
 - \$250 per visit
- Travel
 - \$100/hour
- Record Copying
 - \$150 per request
- Itemized Receipt(s)
 - \$150 per receipt

Dr. Alik is not an in-network provider and does not accept payment directly from insurance companies. If you would like to use your out-of-network benefit, he can provide you with an itemized receipt, see above for cost, which you can use to submit a claim. Please allow 7-10 business days from the date of request for fulfillment. You are responsible for determining your insurance's limits and securing the necessary authorizations.

Professional Records

Dr. Alik maintains a file for each client or set of clients. This includes intake, diagnosis, treatment plan, billing, consent to treatment, treatment notes, discharge summary, and any other written or electronic information I received from or about the client. Treatment notes include the date and time of each session, a summary of key facts and issues discussed, and treatment recommendations. The client is entitled to a copy of the record for a fee that covers the copying and administrative costs.

I hereby certify that: 1) I have read and understand the terms and conditions which are attached hereto by reference and are a part of this agreement; 2) I hereby agree to comply with the attached terms and conditions; and 3) to the best of my knowledge, all of the information provided in this application request form is complete and true.

Signature

Date

Printed Name