

Richard Gottlieb, M.D., Psy.D.

Psychiatry and Psychoanalysis

AGREEMENT TO PAY FOR SERVICES PRIVATELY

I, _____, hereby agree to pay for psychiatric treatment services privately. I understand that prior to this date either I or my therapist has been billing my insurance company for these services. I also understand that as of this date I must pay for these services in full myself for one or more of the following reasons:

- My insurance benefits have been exhausted.
- My insurance company is denying further treatment is medically necessary.
- My insurance company is refusing to authorize services by Dr. Gottlieb.
- Dr. Gottlieb is no longer on my insurance program.
- I prefer to pay cash to work with Dr. Gottlieb as a psychotherapist

I understand that as of this date my therapist will no longer bill my insurance company for mental health treatment services, and that I am not to do so as well. I understand that my therapist will from now on be charging his/her regular fees for services rather than the rates specified by my insurance company, unless specifically noted below, and that fees are due and payable at the time of service. I understand that I will be billed monthly for any unpaid balance I owe. I also understand that I must cancel appointments with at least twenty-four hours notice in order to avoid being charged for the cancelled appointments.

Any addendum or change to this agreement shall be in writing and shall be signed by both myself and my therapist.

PATIENT

DATE

DR. GOTTLIEB

DATE