IVAN DILLER, LCSW-R
180 SOUTH BROADWAY, SUITE 409•WHITE PLAINS, NEW YORK 10605
917-805-0044•INFO@IVANDILLER.COM

INFORMATION ABOUT PROCEDURES AT
IVAN DILLER, LSCSW-R

DATE: _____

NAME: _____

ADDRESS: _____

_____

_____

SSN: _____

THE INTAKE INTERVIEW: In this interview your presenting problems are explored and evaluated. Recommendations for treatment are given. It is occasionally necessary for this interview to be followed-up by supplementary diagnostic work. Findings and recommendations will be fully discussed with you.

YOUR APPOINTMENT: Sessions are planned exclusively for you and time is allotted accordingly. If sessions are not canceled within twenty-four hours of appointment time, you will be responsible to pay the full session fee of $225.00. A pattern of cancellations, two late-cancellations, or two no-shows will result in termination of therapeutic services.

INSURANCE: It is the patient's responsibility to know the limits of their health plan coverage for mental health. Co-pays are due at the time of visits. Any unpaid balances or deductibles for services rendered at Ivan Diller, LCSW-R are the patient's responsibility. If, for any reason, insurance checks are made payable to the patient, it is the patient's legal responsibility to endorse checks to Ivan Diller, LCSW-R upon receipt.

I hereby give my consent for Ivan Diller Psychotherapy to notify my primary care physician that I am in treatment.
_____ Patient Refused

INSURANCE IS NOT A GUARANTEE OF PAYMENT

PATIENT SIGNATURE: _____

WITNESS: _____