

Ravit Avni-Singer, MSW LCSW
One Bradley Road, Suite 707
Woodbridge, CT 06525 • (203) 389-9174
<http://www.collaborativementalhealthassociates.com>

Office Policies

Please call my office number at 203-389-9174 to schedule an appointment and for all other communication. You will likely get my voice mail. I will do my best to get back to you within 24 hrs during weekdays. I do not use e-mail or text messaging to communicate with clients except for very specific circumstances.

Appointments are scheduled for 50 minutes, generally on a once a week basis. Occasionally two sessions per week is recommended.

I offer an initial consultation after the phone inquiry. At that point, we will decide whether to go forward with further sessions and engage in an evaluation process and treatment.

Payment for services rendered is expected at the time of each visit. Cash, personal checks, and credit cards are accepted methods of payment.

Scheduled phone sessions and unscheduled phone conversations above 15 minutes are billed at the full payment rate. These are not covered by insurance.

Collaborative meetings outside the office such as PPT are billed at the full session fee.

It is my policy to charge full fee for sessions that are cancelled with less than 24 hours notice or for missed appointments. These cannot be billed to insurance. Please call my office as soon as you know that you cannot make a scheduled appointment.

Using your health insurance coverage:

*If I am a network provider on your plan, (currently I am a panel member with Anthem Blue Cross and Yale Magellan) you may have a co-payment for each visit, which is due at each session. If your plan requires that a deductible is met before coverage begins, you are responsible for the session fee in full until that takes place.

*If I am not a network provider on your plan, and you are planning to get reimbursed for your expenses, you will be responsible for full payment at each visit. I will provide you with a monthly statement with all the information you need to submit for reimbursement from your insurance provider.

I will need your written consent to exchange any information directly with your insurance company.

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I hereby consent to participating in a therapeutic relationship with Ravit Avni-Singer, MSW LCSW.

I agree to pay full session fee and/or insurance co-payment at the time of each visit.

I understand that I am responsible to pay full session fee for missed appointments or for appointments cancelled without prior notice of at least 24 hours. I understand that these fees are not covered by insurance.

I hereby give permission for Ravit Avni-Singer, MSW LCSW to exchange information with my insurance company for the purpose of processing claims for payment and reimbursement. This may include HIV/AIDS, substance abuse, and other pertinent health and psychiatric information.

I hereby acknowledge receiving information about confidentiality and privacy policies, as well as office policies and procedures.

Please sign and date:

I have read and agree to comply with the above stated fees, rules and policies.

Please print name:
