

Marlton Psychological Services

2001A Lincoln Drive West, Marlton, NJ 08053

Robert B. Haynes, Ph.D.
(609) 417-7300

Scott T. Parker, Ph.D.
(856) 266-2302

Agency Policies

1. Clients or Legal Guardians are responsible for the full payment of co-pays and/ or deductibles, as well as any other applicable fees for professional services rendered, in accordance with all of the agency requirements.
2. Payment must always be made in full before professional services are rendered, except when prior arrangements are made in writing between the client or legal guardian and this agency.
3. This agency must be given at least 24-hour advanced notice of cancellation. If 24-hour advanced notice is not provided or if you fail to show for a scheduled session you will be billed \$140.00 which is the full price for the session. Late cancellations charges or "no show" charges are the full responsibility of the client and not the insurance company.
4. If you are in couples counseling and one party cannot attend it is the responsibility of the other party to keep the scheduled appointment unless 24-hour advanced notice of cancellation is provided.
5. This agency charges a \$30.00 processing fee for any checks returned for "non-sufficient funds". This fee is in addition to the session fee and must be paid prior to the next scheduled appointment.
6. This agency does not accept post-dated checks.
7. Charges for psychological assessments including child custody evaluations, fire setting risk assessments, psychological testing, or any other specialty testing including reports are billed as a separate fee from therapy sessions. These additional fees are not typically paid by your insurance provider. Fees for these services should be discussed prior to initiation of the assessment services. Payment for these services is entirely the responsibility of the client or legal guardian.
8. If test results and/ or reports are rendered by other therapists, agencies, or third parties they will be forwarded only after full payment is received for services provide.
9. A Consent for Release of Information, pursuant to legal, ethical, and HIPAA standards is required for the release of any records or information to a third party.
10. All reports prepared for or written by a therapist from this agency on behalf of a client of this agency must be paid for in full before they are released. This includes court related or court ordered reports.
11. It is the responsibility of the client or legal guardian to provide this agency updated information at all times regarding changes in insurance coverage, change of address, change of contact information, etc. Failure to do so impedes the billing process, which can result in denial of payment for services rendered. If this occurs the client or legal guardian will be responsible for payment of any outstanding balance.
12. If you bring children to the agency please be fully responsible for meeting their needs. They are not to be left unattended at any time and they should not be disruptive to any

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therapy session being held. Our staff cannot be responsible for supervising your children while you are in session.

13. Clients and/ or legal guardians must review, consent to, and sign the HIPAA Notice of Privacy Practices provided to you on the first session. It is important that you understand this document so time will be allotted during the first session to review the HIPAA Notice of Privacy Practices document.

Patient's Acknowledgement of Receipt of Agency Policies

I have been provided a copy of the Agency Policies. We have discussed these policies and I understand that I may ask questions about them at any time in the future. I have read, understand, and accept these policies as a condition of receiving mental health services.

Client/ Guardian Signature: _____

Printed Name: _____

Date: _____

Witness: _____

Date: _____