

OFFICE POLICIES

Carina E. Behrens, MD, LLC

1. **Payment for professional services:** Payment is expected at the time of service. Any monthly balances are to be paid within ten days of the billing date. Any other payment arrangements should be discussed with Dr. Behrens for approval. You are responsible for payment of fees for professional services.

Fee Schedule Effective April 1, 2024*

Follow-up appointment (up to 30 minutes): \$175

Follow-up appointment (45-50 minutes): \$230

New patient evaluation: \$330

**fees apply to in-person, video, and telephone appointments*

2. **Insurance:** Dr. Behrens is out-of-network with all insurance plans including Medicare. Her office staff can assist you with your out-of-network insurance claims but are not responsible for follow-up of your insurance claims.

3. **Appointment Cancellation Policy:** At least 24-hour notice for cancellation is required. If less than 24 hours notice is given, full charge will be made unless determined otherwise by Dr. Behrens. If you are late for a session, that time is lost from your session.

4. **Coverage:** I am a separate and independent practitioner who shares space in this building along with other clinicians who will cover while I am on vacation or on my days off. Any covering practitioner can be reached at my office number 513-961-8830 through the 24 hour answering service.

Signature of Patient/Responsible Party: _____ Date _____