

**Alexandra Talks, MSW, LISW**  
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### **Practice Information (updated April 2024)**

Below you will find information about my training, services, practice policies, and fee schedule. Please speak with me or my administrative staff if you have any questions.

#### EDUCATION AND TRAINING

University of Cincinnati, MSW, 2015  
University of Cincinnati, BBA, 2009

Cincinnati Psychoanalytic Institute, Advanced Psychotherapy Program, 2019

#### LICENSURE

Licensed Independent Social Worker, Ohio (No. I.1700394)

#### SERVICES PROVIDED

Clinical social work including the diagnosis and treatment of individuals (adults, older adolescents) and couples. Special interest: psychodynamic psychotherapy with adults.

#### PROFESSIONAL FEES

All clinical services are \$160 per session.  
The number and frequency of sessions will be determined with you on an ongoing basis.  
Fees are due at the time of service. Other arrangements may be made through discussion with me.

#### INSURANCE

The only insurance provider I am in-network with is United Behavioral Health/Optum. If you elect to use in-network insurance benefits, your co-payment is due at the time of service. You will receive a monthly bill that reflects any unpaid co-payments, missed sessions, or sessions not covered by your insurance benefit.

If I am an out-of-network provider on your insurance, you are responsible for your bill in its entirety. As a courtesy to you, my office will file out-of-network claims on your behalf. You are responsible for follow-up of your insurance claims.

#### CANCELLATION POLICY

Please cancel at least 24 hours prior to your scheduled appointment. If less than 24 hours notice is given, you may be charged for the full session. If you are late for a session, that time is lost from your session.

#### COVERAGE

I am a separate and independent practitioner who shares space in this building with other clinicians who may cover for me while I am out of the office. Any covering practitioner can be reached at my office number 513-961-8846 through the 24 hour answering service.

Signature of Patient/Responsible Party: \_\_\_\_\_ Date: \_\_\_\_\_