Ronitte Vilker, Ph.D.
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Warwick, RI 02886
(401) 921-3220

CANCELLATION & FEE POLICY

Payment is required at time of service. If payment is not made for any reason, the balance on your account must be settled at the time of your **next scheduled appointment.** If payment is not made at this time, I will work with you to arrange a mutually agreed upon fee schedule.

If you have private insurance, please be aware that you are responsible to call your insurance company for pre-approval, before services can begin. If pre-authorization is not obtained, you will be responsible for all fees incurred by you or your child.

There is a $50.00 charge for missed individual, family, or group appointments, unless they are canceled **24 hours in advance.**

PAYMENT AGREEMENT

Client's Name: _____ DOB: _____ SS#_____

Type of service: Individual _____ Family _____ Couples _____ Assessment _____

Payer Type: Self Pay: $_____/Session

Subscriber: _____

Phone number for Providers (on back of insurance card): _____

Primary Insurance Provider/Member ID: _____ Co-Pay: $_____

Secondary Insurance Provider/Member ID: _____ Co-Pay: $_____

I have read and understand this Cancellation & Fee Policy. I accept responsibility for the above-stated fee(s), which will be paid at the time services are rendered.

_____ _____
Signature of Client Date

_____ _____
Signature of Witness Date