

# Joseph Cousin, M.D.

303 5th Avenue, Suite 1503

New York, NY 10016

(212) 518-3204

## Office Policies

Fees are due and payable upon completion of the visit, unless prior financial arrangements have been made. Please include the complete name of the patient on your check (if not self).

Insurance is not accepted directly. However, a monthly statement with a diagnosis and treatment code can be provided, upon request, to submit to your insurance provider in order to receive out-of-network reimbursement if you are eligible. It is suggested that you submit the claim as soon as you receive the statement and keep a copy for your records. The patient or person responsible for the payment is ultimately accountable for all fees owed for mental health treatment provided by Dr. Joseph Cousin.

Full payment is due for a cancelled or missed appointment unless 48 hours (2 business days) notice prior to the appointment time is given. A late session will be charged as a full session.

In the event of a medical or psychiatric emergency, please leave a message at the office phone number (212-518-3204) and call 911.

I agree to the above office policies.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_