Xenia Protopopescu MD PhD NYU BHP / One Park Ave 8th floor / New York, NY 10016 / tel 646-363-6590	
OFFICE POLICY STATEMENT	
Appointments and Cancellations □ Full session fee is charged for missed appointments unle	ess 48 hours notice is given.
□ Sessions cannot be extended for late arrivals. The cost of (difference between charge for intended longer session and session) is charged and is not submittable to insurance.	
□ Patients must be seen a minimum of every three months	-
Fees and Payments ☐ All fees are due and payable upon completion of visit, u arrangements have been made. Any collection, legal fees, unpaid balances will be the client's responsibility.	*
□ Payment can be made by credit card (Visa, Mastercard), card details will be held for each client in the event of add missed sessions or late payments. Check or Zelle are the payments.	itional fees incurred such as
□ Crisis interventions (such as extended telephone session agreed hourly rate.	s) will be pro-rated at the
Medical Insurance The office does not directly deal with insurance carriers you as needed. Submit claim forms as soon as possible to	*
Telephone and Email Access □ In an emergency, please leave a message at 646-363-659 outpatient practice, it may not be possible to respond imm an immediate response, please call 911 or go to the neares	ediately. If a situation requires
□ Email is only to be used for initiating contact, sending b logistic information. Clinical information and advice will	_
I have read and agree to the above office policies:	
Signature:	Date:
Printed Name:	DOB:
Relationship to Patient:	(self, parent, legal guardian)