



## Moorestown INTEGRATIVE WELLNESS

505 S. Lenola Rd. Suite 210  
Moorestown, NJ 08057  
Dr.Angelakurzyna@gmail.com  
732-404-7323

### Psychotherapy Service Agreement

#### Fees

Individual therapy- \$120

Reduced fees may be negotiated in cases of need. Clients are expected to pay at the time of service by check, credit card or cash.

#### Cancelation Policy

Clients will be charged the cost of the session for any sessions missed without 24 hour notice.

Please note: charges for missed or canceled sessions are not reimbursed by insurance.

#### Using Insurance

Although Moorestown Integrative Wellness is credentialed through Blue Cross Blue Shield of New Jersey and Medicare, clients who wish to use insurance should check first with their insurance provider to determine benefits as some insurance companies may subcontract behavioral health services through other companies which we are not affiliated with. Co-payment is due at the time of service.

If you have an insurance that we are not affiliated with please contact your insurance provider to determine your coverage for out-of-network outpatient mental health services. Clients who are not insured through the above participating insurances agree to pay the agreed upon fee up front and then file for reimbursement from the insurance provider. Clients are responsible for tracking insurance claims.

Regardless of whether a client uses insurance, s/he is ultimately responsible for all fees incurred.

#### Confidentiality

Confidentiality is an ethical and legal requirement of the therapeutic relationship. However, confidentiality may be limited by law under certain circumstances: 1) when it is clear that a client is in imminent danger of physically harming him/herself or an identified other and 2) when the therapist learns of the past or current physical or sexual abuse and/or neglect of minors (under 18 years old), non-competent adults, or the elderly. In all other cases, clients must give their written consent for the therapist to share any information about them or the therapy with anyone else.

#### Contact Information

Clients may leave a voicemail anytime at 848-244-0842 or email me directly at [Allyson.graves@moorestownwellness.org](mailto:Allyson.graves@moorestownwellness.org). During regular business hours Monday-Friday, messages and email will be checked regularly, however, it may take up to 24 hours to get a response.

Your signature below indicates that you have reviewed, understand and consent to this Therapy Services Agreement.

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Client Signature

Date