

Karen A. DeKleva M.A.
Face Sheet

4047 Old William Penn Highway
Murrysville, PA 15668-1846
724.733.8313
Emergency Number: 724.766.9131

Patient Information

Name – Patient _____
Address _____
City _____ State _____ Zip _____
Date of Birth _____
Home Phone _____ Mobile Phone _____
Work Phone _____ E-mail Address _____
(Optional)

Insurance Information

Insurance Carrier _____
Insurance Address _____ (if not a Blue Cross local policy)
Insurance City _____ Insurance State _____ Insurance Zip _____
Insurance Phone _____ Type/name policy _____
Insured's Name _____
Policy Number _____ Group Number _____
Referred By(optional) _____

Hours:
By Appointment

Monday	10:00 am - 6:00 pm
Tues, Wed and Thurs	9:00 am - 7:00 pm
Friday	closed

Confidentiality: Psychological services are best provided in an atmosphere of trust. You expect me to be honest with you about your problems and progress; I expect you to be honest with me about your expectations for services, your compliance with medication, and any other barriers to treatment. Because trust is so important, all services are confidential. Nevertheless, I am required by law to make exceptions in narrow circumstances such as when there is child abuse, immediate danger to another person, or other rare circumstances. Please be aware that confidentiality under the law is not absolute. In certain clearly defined circumstances my records may be disclosed without your written consent.

Your health insurance carrier may request written reports on your treatment in regards to claims processing, case management, coordination of treatment (with Primary Care Physician) or for utilization review purposes. Understand that you may revoke this consent at any time, except to the extent that treatment has already been rendered. This consent will automatically expire one year after treatment has been terminated.

Billing: As a courtesy, I will bill your insurance. **In the event insurance is denied or partial payments made, payment becomes your responsibility. If your insurance carrier requires authorization of services, it is your responsibility to know if the sessions are authorized.** You may wish to call your carrier or the personnel department of your employer and ask about your benefits. Clients who owe money and fail to make payment arrangements will be referred to a collection agency.

Appointment: I will see you at the scheduled appointment time promptly. If you do not cancel 24 hours in advance of your appoint, barring medical emergencies, you will be charged an appointment fee of \$85.00 as my time is set-aside just for you.

Authorized Signature

Date