



# Powers Ferry Psychological Associates, L.L.C.

**The Offices of:**

Gerald S. Drose, Ph.D.  
Dina M. Zeckhausen, Ph.D.  
Steven Perlow, Ph.D.

Abby L. Friedman, Ph.D.  
Kimberly Smiley, Psy.D.  
Jennifer Spring, Ph.D.  
David M. Schwartz, Ph.D.

**And the Offices of:**

Martin Fleet, Ph.D.  
Susan Berel, Ph.D.  
Elaine Eassa, Ph.D.  
Keith Helmken, LCSW

Jennifer Swales, Ph.D.  
Rachel Seinfeld, Ph.D.  
Brian Smith, Psy.D.  
Katherine Higgins, Ph.D.

## PAYMENT FOR SERVICES AGREEMENT

### Provider/Supplier Notice to Beneficiary Regarding Service(s) That May Be Denied Payment by Your Insurance Carrier as "Not Reasonable and Necessary"

**Notice to Beneficiary:**

Your insurance company: \_\_\_\_\_ may only pay for services that *it* determines to be "**reasonable and necessary**" under their contract with you/the enrolled individual and Dr. Schwartz. If your insurance company determines that a particular service, is "*not reasonable and necessary*" or viewed as a "*not-covered service*" or the evaluation leads to diagnosis that is not covered, your insurance company may deny payment for that service.

In the event that your insurance company denies payment, you agree to pay for the services rendered.

By signing this Agreement, I acknowledge that I have been made aware of Dr. Schwartz's Payment for Services Agreement and agree to abide by it. I also agree that his office can provide any requested medical, psychological and/or neuropsychological information to my carrier, or its agents, if required for determination or payment of benefits. I am also assigning benefits to David M. Schwartz, Ph.D. for any clinical services that are provided.

I am eligible for coverage under more than one health insurance policy (please circle): Yes No

**YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ THIS AGREEMENT AND AGREE TO ITS TERMS.**

Client signature \_\_\_\_\_ Date \_\_\_\_\_

Guarantor (if different) \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

**Marietta/East Cobb**  
1827 Powers Ferry Rd., Bldg. 22  
Atlanta, GA 30339  
Office: 770.953.4744 / Fax: 770.953.4640

**Buckhead**  
2964 Peachtree Road, Suite 324  
Atlanta, Georgia 30305  
(770) 953-4744

**Canton**  
250 East Main Street, Suite 201  
Canton, Georgia 30114  
(770) 704-6159