



## **2023 Billing Policy**

Initial Assessment:	\$225.00 per session
Individual Session (60 minutes)	\$185.00 per session
Individual Session (45 minutes)	\$165.00 per session
Individual Session (30 minutes)	\$150.00 per session
Group Sessions	\$125.00 per session
Family Session without Patient	\$165.00 per session
Family Session with patient	\$185.00 per session

\*Any session over 60 minutes, the therapist has reserved the right to bill the client (guardian, if a minor) \$150 per hour. This is not billable to your insurance.

### **Client's Responsibility:**

All charges are the responsibility of the client (guardian, if a minor). Insurance is a reimbursement of charges made for services as a convenience to our clients, and the client is ultimately responsible for all charges incurred as a client of this agency. Returned checks are subject to a \$35 fee.

### **Insurance:**

It is the client's (guardian, if a minor) responsibility to know their insurance benefits, and to be current with insurance benefits. If your insurance has a co-pay, please pay at the time of service. Your co-pay amount will be listed in your benefits handbook, or by calling the member services number listed on your insurance card.

### **Written Reports, Letters, & Court Appearances:**

If the client (guardian, if a minor) and therapist agree that a letter or written report from the therapist is required to coordinate care with other providers, or to assist in any legal proceedings, the client (guardian, if a minor) is charged \$180 per hour. Client (guardian, if a minor) is charged \$180 per hour for time in court, travel time to court, and consultation/preparation with their attorney. These fees are not billable to your insurance, and letters/reports will not be released until payment is received.

### **Cancellations:**

If you cancel your appointment less than 24 hours before it is scheduled to take place, the therapist reserves the right to charge a late cancellation/no show fee of \$165.00. This is not billable to your insurance. To avoid a late cancellation/no show fee, please provide cancellation notice at least 24 hours prior to your appointment. Please understand that it is the client (guardian, if a minor) is responsible to remember the appointment dates and times. Not receiving an electronic notification (email/text) of your appointment from us the day before is not a sufficient reason to miss an appointment. If a client (guardian, if a minor) cancels and/or "no shows" for 3 (three) executive sessions, it can result in termination of treatment and a list of referral counselors will be provided for you via mail or email.

### **Financial Hardship:**

Financial hardship must be due to a reasonable cause (ie: illness, unemployment). In the case of a financial hardship, please speak with the therapist. An alternate payment option **may** be considered, and a new billing policy and/or payment plan agreement will be provided.

### **Collection Agency:**

Past due accounts will be turned over to a third party Collection Agency. All fees incurred because of this action become the responsibility of the client (guardian, if a minor).

**\*I/we understand and agree to the above administrative policies of Pathways Counseling Center.**

---

Client/Guardian Signature

Date