



LYNN M. DUSOLD, MSW, LCSW

2020

**BILLING POLICY  
FEE SCHEDULE:**

Initial Assessment:	\$200.00 (60 minutes)
Individual/Family Session	\$180.00 (60minutes)
Individual/Family Session	\$145.00 (45 minutes)
Individual/Family Session	\$80.00 (30 minutes)
Group	\$120.00 (90 minutes)

**RESPONSIBILITIES:**

All charges are the responsibility of the client. 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.

**INSURANCE:**

It is the client's responsibility to know his/her insurance coverage and to be current with Insurance benefits. If your insurance has a deductible or co-pay, please pay at the time of the appointment.

**CANCELLATION:**

Clients can be charged full fee for a "no show" appointment unless there are mitigating circumstances. No charge is made if appointments are cancelled 24 hours prior to scheduled appointment. Insurance does not cover these fees so please make every effort to cancel appointments in a timely manner.

**SELF PAY:**

Payable at the time of service. Cash, check and credit accepted.

**FINANCIAL HARDSHIP:**

In the case of financial hardship, my therapist and I have agreed to an alternate payment plan: \$ \_\_\_\_ per session.

**In the case that I am financially unable to take care of my account, my personal guarantor for my account is:**

_____	_____	_____
<b>(Name)</b>	<b>(Address)</b>	<b>(Phone)</b>

**COLLECTION AGENCY:**

Past due accounts will be turned over to our Collection Agency. All fees incurred because of this action become the responsibility of the clients. In the case of a returned check for non-sufficient funds, there will be a \$35.00 fee.

\*I/We understand and agree to the above administrative policies.

\*In the case of insurance coverage, I/we agree to pay the deductible and/or any co-pay amounts.

Client &/or Guardian Signature

Date