11121 W. Oklahoma Ave
West Allis, WI, 53227
P (262) 641-9790
F (262) 641-9791

STEVIE J. MILLER, MS, MFT-IT
pathwaysmiller@gmail.com

JANUARY 2020

BILLING POLICY FEE SCHEDULE

Initial Assessment	$150
Individual/Family session	$150 (60 minutes)
Individual/Family session	$125 (45 minutes)
Individual/Family session	$ 80 (30 minutes)
	$ 50 (for each additional 15 minutes after 60)
Group	$ 80 (90 minutes)

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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 their insurance coverage and to be current with insurance benefits. **If your insurance has a deductible or copay, please pay at the time of the appointment.**

CANCELLATION:
Clients can be charged the **full fee** for a "no-show" for an appointment unless there are mitigating circumstances. No charge is made if appointments are cancelled 24 hours prior to the scheduled appointment. **Insurance does not cover these fees** so please make every effort to cancel appointments in a timely manner. **After three no-show appointments, clients will be removed from the schedule and must be in contact with the therapist in order to schedule any future appointments.**

TELEPHONE:
Client is charged $50 for every 15 minutes of conversation, plus long-distance charges (where applicable).

WRITTEN REPORTS/LETTERS:
Client is charged for all written reports. If the client 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, there will be a fee of $50 charged. **Insurance does not cover these fees.**

OUT OF OFFICE MEETINGS/COURT:
Travel time to meetings/court out of the office are billed $100 per hour. Meetings/time in court is billed at the office rate of $150 per hour. **Insurance does not cover these fees.**

SELF PAY:
Balances are payable at the time of service. We accept cash, check, and credit.

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:

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(Name) (Address) (Phone)

COLLECTION AGENCY:
Past due accounts will be turned over to our Collection Agency. All fees incurred because of this action will become the responsibility of the client. In the case of a returned check for non-sufficient funds, there will be a $35 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 copay amounts.

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Client and/or Guardian Signature **Date**
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PATHWAYS
COUNSELING CENTER

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Qualified Treatment Trainee Disclosure

I, ____________________________________, understand that my Psychotherapist, Stevie J. Miller, MS, MFT-IT, is a qualified treatment trainee and is not credentialed by your insurance. A "qualified treatment trainee", as defined by DHS 35.03, is a person with a graduate degree from an accredited institution and course work in psychology, counseling, marriage and family therapy, social work, nursing, or a closely related field who has not yet completed the applicable supervised practice requirements described under ch. MPSW 4, 12, or 16, or Psy 2 as applicable.

Pathways Counseling Center requires qualified treatment trainees to receive weekly, individual clinical supervision from David Bedrin, MSW, LCSW, a fully licensed Pathways Counseling Center practitioner. This also includes participating in the clinic's collaborative supervision process. Pathways Counseling Center prides our collaborative process to provide the most competent services. Psychotherapy services will be billed under David Bedrin, MSW, LCSW, and you may see his name in your explanation of benefits mailed from your insurance.

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Client and/or Guardian Signature   Date