



Angela R. Myhre, MS, LMFT

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2020 BILLING POLICY / FEE SCHEDULE:

Initial Intake Assessment	\$200.00	(55 Minutes)
Individual/Couples/Family	\$175.00	(55 Minutes)
Individual/Couples/Family	\$150.00	(45 Minutes)
Group	\$125.00	(90 Minutes)
No Insurance Group Rate	\$ 60.00	

FINANCIAL RESPONSIBILITIES:

All fees are the responsibility of the client at the date of service. Insurance is a reimbursement of charges made for services as a convenience to our clients; however, the client is ultimately responsible for all charges incurred as a client of this agency.

INSURANCE:

It is the client's responsibility to be familiar with his/her insurance coverage and to be current with insurance benefits. If your insurance requires you to pay a deductible or co-pay, please pay that at the time of your appointment. Contact clinician to discuss group rate if uninsured.

CANCELLATION POLICY/FEE:

Clients are responsible for the full fee in the event of a "no show" appointment. Insurance will not cover these fees. Clients will not be charged a cancellation fee if the session is cancelled within 24 hours prior to the scheduled appointment time.

TELEPHONE CONSULTATION:

This charge is not covered by insurance and is the responsibility of the client. Consultation time is billed at a rate of \$50.00 per 15 minutes. Consultations over 30 minutes will be charged at the Individual/Couples/Family rate above for 45 or 55 minute sessions. Extended Sessions Prorated Fee of \$50.00 may apply for calls over 55 minutes.

OUT OF OFFICE MEETINGS/COURT:

Travel time to meetings/court out of the office are billed at \$50.00/hr. This fee is not covered by insurance. Meetings/court time is billed at the office rate of \$175.00.

ASSESSMENTS/REPORTS/LETTERS:

Clients are responsible for reimbursement for assessments, reports or letters written in conjunction with coordinating treatment with other providers, or to assist in legal proceedings. These are considered "non-necessary" and are not covered by insurance. Client will be billed \$175.00 per hour. Documents will be released upon receipt of payment.

PSYCHOSEXUAL EVALUATIONS/COLLATERAL CONSULTATIONS:

This charge is not covered by insurance and is the responsibility of the client. Contact clinician to discuss fees.

PSYCHIATRIC/MEDICAL CONSULTATION:

Psychiatric and/or Medical Consultation may be warranted if: the client is being prescribed psychotropic medication; physical illness/ailments contribute to the client's mental health and are a focus of the treatment plan; and/or Psychiatric and/or Medical Consultation will aid in the assessment or treatment of the client.

SELF PAY OPTIONS:

Payment options include credit card, cash, or check, and are due on the date of service. Returned checks are subject to a \$35.00 processing fee.

FINANCIAL HARDSHIP:

In the event of financial hardship, my therapist and I have agreed to the following payment plan: \$ _____ per session for _____ weeks/months. In the case that I am financially unable to pay my account balance, my personal guarantor for my account is: _____
(name/address/phone number)

COLLECTION AGENCY:

Past due accounts will be turned over to our Collection Agency. All fees incurred as a result of this action will become the responsibility of the client.

I/We understand and agree to the above billing and administrative policies of Pathways Counseling Center and/or Angela R. Myhre, MS, LMFT. I/We agree to pay the deductible or co-pay designated by my/our insurance policy, as well as any fees incurred, but not covered under my/our insurance policy.

Client or Guardian

Date



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COUNSELING CENTER

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Angela R. Myhre, MS, LMFT

Date