



BILLING POLICY 2021

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REGARDING VIRTUAL SESSIONS:

Please access payment option on your Simple Practice portal to make your copay **prior** to your scheduled appointment.

FEE SCHEDULE

Charges to Insurance Company:

Initial Intake Assessment / \$200.00
Individual Sessions:
*55 minutes - \$180
*45 minutes - \$165
*30 minutes - \$140

Self-Pay / Package pricing is available.

Fee is payable at the time of service

Initial Intake Assessment / \$175
Individual Sessions:
*55 minutes - \$165
*45 minutes - \$150
*30 minutes - \$125

No Call / No Show / Late Cancel

\$140

Not covered by insurance.

No charge if appointments are cancelled **outside of** 24 hours.

Written Reports, Letters, Telephone conversations, Consultations

Not covered by insurance.

With Client's authorization and when necessary to provide care, coordinate care or to assist in any legal proceeding.
\$41.25 per 15-minute increment (the minimum charge for any telephone conversation).

Insurance

All charges are the responsibility of the client. Insurance is billed by Pathways Counseling Center as a convenience to our clients. The client is ultimately responsible for all the charges not paid by insurance, incurred as a client of the clinic. It is the client's responsibility to know their insurance coverage and to be current with the insurance benefits.

Contact our billing service with your questions or concerns:

billing@pathwayscounseling.com

Collections

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

Self-Pay

I accept cash, checks, or credit cards. Returned checks are subject to a \$35.00 fee.

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

(Name / Address / Phone)

I / We understand and agree to the above administrative policies of Pathways Counseling Center. In the case of insurance coverage, I / we agree to pay the deductible and any amount my insurance does not cover.

Client &/or Guardian Signature

Date