



BRANDIE TETZLAFF, MSSW, LCSW

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BrandieTetzlaff@gmail.com

262-719-2975

BILLING POLICY

FEES

INITIAL ASSESSMENT	\$200.00 (60 Minutes)
INDIVIDUAL, COUPLES, FAMILY SESSION	\$175.00 (60 Minutes)
INDIVIDUAL, COUPLES, FAMILY SESSION	\$140.00 (45 Minutes)
GROUP	\$120.00 (90 Minutes)
COURT/LEGAL REPORTS	\$ 75.00 PER report
NO INS. RATE GROUP	\$ 55.00 (90 Minutes)
NO INS. RATE INDIVIDUAL, COUPLES, FAMILY SESSION	\$125.00 (50-60 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 are 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.

TELEPHONE:

Client is charged \$25.00 every 15 minutes of conversation. This charge is not covered by insurance.

OUT OF OFFICE MEETINGS/COURT:

Travel time to meetings/court out of the office are billed at \$50/hr. This fee is not covered by insurance. Meetings/court time is billed at the office rate \$160.00/hr.

COURT/LEGAL REPORTS

Client is charged for all legal reports. These are considered "non-necessary" and are not covered by insurance. Reports will not be released until payment is received. Additional reports fees TBD with client.

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:

(Name)

(Address)

(Phone)

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.

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

*I/We agree to pay the deductible and any amount my insurance does not cover.

Client &/or Guardian Signature

Date