PATHWAYS
COUNSELING CENTER

11121 W Oklahoma Ave
West Allis, WI 53227-4033
Ph: (262) 641-9790
Fax: (262) 641-9791

Billing Policy

Intake Assessment	$225.00 per session
Individual Session (60 minutes)	$185.00 per session
Individual Session (45 minutes)	$165.00 per session
Individual Session (30 minutes)	$150.00 per session
Group Sessions	$125.00 per session
Family Session without Patient	$165.00 per session
Family Session with Patient	$185.00 per session

*Any session over 60 minutes, the therapist has reserved the right to bill the client (guardian, if a minor) at a rate of $150 per hour. This is not billable to your insurance.

Client's Responsibility:

I understand that all charges are the responsibility of the client (guardian, if a minor). Insurance is a reimbursement of charges made for services as a convenience, and I understand that I am ultimately responsible for all charges incurred as a client of this agency. I understand that any returned checks are subject to a $35 return fee, and a new payment must be provided by credit/debit, or cash.

Insurance:

I acknowledge that it is my (guardian, if a minor) responsibility to know my insurance benefits including any deductibles, copays, and/or other out of pocket expenses including non-covered services. I understand that it is my responsibility to update the office with any changes in insurance or any lapse in coverage. If my insurance has a co-pay, I know that I must pay at the time of service.

Written Reports, Letters, & Court Appearances:

I (guardian, if a minor) and my 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, I (guardian, if a minor) acknowledge that I will be charged $180 per hour for this service. I understand (guardian, if a minor) that I will also be charged $180 per hour for time in court, travel time to court, and consultation/preparation with my attorney. I understand that these fees are not billable to my insurance, and that letters/reports will not be released until payment is received.

Cancellations:

I understand that if I cancel an appointment less than 24 hours before it is scheduled, the therapist reserves the right to charge a late cancellation/no show fee of $165.00. This is not billable to my insurance, and I understand that this fee will be at my own expense. To avoid a late cancellation/no show fee, I will provide a cancellation notice at least 24 hours prior to my appointment. I also understand that it is my (guardian, if a minor) responsibility to remember the appointment dates and times. Not receiving an electronic notification (email/text) of my appointment is not a sufficient reason to miss an appointment. If I (guardian, if a minor) cancel and/or "no shows" for 3 (three) executive sessions, it can result in termination of treatment and a list of referral counselors will be provided ti me (guardian, if a minor) via mail or email.

Financial Hardship:

Financial hardship must be due to a reasonable cause (ie: illness, unemployment). In the case of a financial hardship, please speak with the therapist. An alternate payment option **may** be considered, and a new billing policy and/or payment plan agreement will be provided.

Collection Agency:

I understand that any past due accounts (over 120 days) will be turned over to a third party Collection Agency. All fees incurred because of this action become the responsibility of the client (guardian, if a minor).

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

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Client/Guardian Signature **Date**