

COMPASS COUNSELING WAUSAU, LLC FEE POLICY

	<u>Masters Level</u>	<u>Psychologist</u>
Initial Mental Health Intake	\$250.00	\$275.00
Initial AODA Assessment	\$275.00	\$300.00
30 Minute Session	\$120.00	\$130.00
45 Minute Session	\$165.00	\$180.00
60 Minute Session	\$185.00	\$200.00
Family/Couples Session	\$200.00	\$215.00
Group	\$120.00 per hour	\$130.00 per hour
Testing	\$200.00 per hour	\$250.00 per hour

Additional fees may be charged for (including but not limited to) form completion, consults with attorneys, letter writing, phone calls, etc. This will be billed at a rate of \$100.00 per hour, prorated in 15 minute increments. Breathalyzers will be charged at \$10.00 and urine screens will be charged at \$35.00. If the therapist is required to testify or is required to appear as a witness, the party responsible for the therapist's participation agrees to reimburse Compass Counseling Wausau, LLC at a rate of \$185.00 per hour for the therapist's time spent traveling, preparing reports, testifying, being in attendance and any other care- related costs. These fees are not billable to insurance, therefore, you will be responsible to pay these fees in their entirety.

No Show/Late Cancel Policy: A **\$75.00** late cancellation fee is charged if you fail to cancel within 24 hours of your appointment, or fail to show up for an appointment. Chronic missed/ late cancelled appointments shall result in being placed on "day-of" appointment scheduling.

Insurance Billing: If you have insurance, a claim will be filed with your insurance company at no charge. This is done as a service to you, but this office cannot accept responsibility for collecting your account. You will be responsible for any deductibles, co-insurance or co-payments at time of service. In addition, you will be responsible for payment of the unpaid balance on your account due to total denial, or denials of any other type by your insurance company including those due to you not reporting insurance changes resulting in timely filing limits.

Payment on your balance is expected within 30 days of billing. A late fee of \$15.00 will be added each month for any account with a balance over 60 days. A charge of \$35.00 will be assessed for any returned checks.

Compass Counseling Wausau, LLC reserves the right to seek legal means to secure reimbursement if left unpaid longer than 60 days. If necessary, this may include release of information such as: names, dates of treatment, unpaid fees, etc. to attorneys, the courts or collection agencies. **In the event any unpaid balance is placed for collections, with any 3rd party collection agency, and/or placed with an attorney to obtain judgment or otherwise satisfy payment of this account, a fee of 33.33% of the unpaid balance will be added to the total amount due.** This amount shall be in addition to any other costs incurred directly or indirectly to collect amounts owed under this agreement such costs include, but are not limited to court costs, service fees, filing fees and other incidentals associated with our collection efforts. I understand I am entitled to a copy of this fee policy.

Signature _____ Date _____

Please Include Your Middle Initial in Your Signature. Thank You.