SAMARITAN COUNSELING CENTER OF SOUTHERN WISCONSIN
FEES AND FEE AGREEMENT

Agency Fees for Services:

Initial Intake for Counseling	$187.50
53-60 Minute Counseling Session	$165.00
45-52 Minute Counseling Session	$125.00
Play Therapy add on charge	$25.00
Group Therapy	$60.00
No show or late cancellation	$50.00

I understand I will be responsible for **the above fees as appropriate for my services determined by the clinic.**

PLEASE KNOW THAT ALL CHARGES ARE YOURS TO PAY REGARDLESS OF POSSIBLE INSURANCE COVERAGE. SHOULD THEY NOT PAY DUE TO LIMITATIONS IN YOUR CONTRACT WITH THEM OR DEDUCTIBLES, THE BALANCE WILL BE YOURS TO PAY.

Insured Clients
As a courtesy to you we will:

- Copy all your insurance cards
- Submit your charges to your insurance company

Private Self Pay Clients/Samaritan Fund Clients
Payment is due at the time of your appointment.

No Show or Late Cancellations
You must give **24 business hour** notice to cancel an appointment, unless an emergency situation has occurred.
You will be charged $50 if you do not call to cancel, or if you do not give 24 business hour notice.

Monthly Statements
We are trying to avoid sending out monthly statements but if you do receive one, please **pay in full** unless you have made a financial arrangement with our Clinic Manager.

UNPAID, DELINQUENT ACCOUNTS WILL BE TURNED OVER TO A COLLECTION AGENCY.

COPAYS ARE DUE AT THE TIME OF SERVICE.

INFORMED CONSENT TO TREATMENT

To indicate that I have received a copy of this statement as well as a copy of the Wisconsin Patient Bill of rights and the grievance procedure, along with the Health Insurance Portability and Accountability Act, and that I voluntarily give consent to treatment at this clinic, I sign below. I understand I may withdraw this consent at any time. I understand that treatment may or may not be beneficial in solving my concerns.

Client Signature_____ Date_____