

FEE SCHEDULE

Elmbrook Family Counseling Center is very pleased to serve you in whatever way that we can. The utmost confidentiality is upheld at the Center. The fee scale for the Center is as follows:

Psychologists:

Intake

Adult Diagnostic Evaluation	\$195.00
Child and Family Evaluation	\$240.00
Therapy Session (50-60 Minutes)	\$180.00
Psychological Evaluation (approximate - depending on tests)	\$1000.00 - \$1500.00
MMPI Test	\$125.00

Psychotherapists and Counselors:

Intake

Adult Diagnostic Intake	\$180.00
Child and Family Intake	\$225.00
Therapy Session (50-60 minutes)	\$165.00

Group Psychotherapy (90 Minutes) \$105.00

Reports and Letters (Per hour for preparation)

Psychologists	\$180.00
Psychotherapists	\$165.00

Court Work (Per hour)

Psychologists:

Preparation	\$250.00
Appearances (including waiting time)	\$300.00
Travel	\$150.00

Psychotherapists and Counselors:

Preparation	\$200.00
Appearances (including waiting time)	\$250.00
Travel	\$100.00

Record Copies (Per client request):

Initial Request (up to 20 pages)	\$20.00
(plus) pages 1-25	\$1.00
Pages 26-50	\$.75
Pages 50 or more	\$.50

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As a service to our patients, we will help you with your insurance claim. However, this does not release you from your obligation. Clients receive a Diagnostic Evaluation as soon as possible. After a Diagnostic Evaluation has been made, insurance will be billed. It usually takes thirty days after the insurance has been processed before payment is received from the insurance company. At this time we ask that the patient's portion be paid. **If you do not have health insurance, the fee is to be paid at time of the session.**

If you are unable to keep an appointment, please give 24 hours notice. Otherwise, you will be billed for the session. Please be advised that insurance does not cover failed appointments. This will be your responsibility.

It is our policy to be as responsive to clients as possible, particularly during times of crisis. However, psychotherapy is not effectively done on the telephone nor is it appropriate to do so. We understand that sometimes the immediacy of circumstances requires quick personal attention. When this occurs, we may bill for telephone time at our usual rate. Please understand that telephone consultation is typically not reimbursed by insurance.

If you have any questions or concerns regarding this, please feel free to contact your therapist.

Signature of Client or Responsible Party

Signature of Client or Responsible Party

Date

Date

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Date

Date

HH 07/13