Elizabeth Matola, MSW, LCSW
Mindful Therapy & Consulting, LLC
13965 W. Burleigh Road
Suite 203
Brookfield, WI 53005
262-391-8052
FAX 262-785-2773

Fee Schedule and Policy

Thank you for choosing me to assist you with your concerns. As part of your initial visit, the following fee schedule and policies are provided for your careful consideration. Please feel free to ask any questions about the fees or policies.

FEES:

Diagnostic Intake Session (60+ minute session)	$220.00
Psychotherapy Session (30 minute session)	$100.00
Psychotherapy Session (45 minute session)	$160.00
Psychotherapy Session (60+ minute session)	$220.00
Family Psychotherapy w/out Patient	$200.00
Family Psychotherapy w/Patient Present	$200.00
Mediation Session (per hour and pro-rated)*	$200.00
Collaborative Divorce Coaching Session*	$200.00
Child Specialist Session *	$200.00
Co-Parenting, Consultation, Parenting Coordination*	$200.00
Parenting Plan Drafting Fee (per hour)	$200.00
Parenting Plan Editing Fee (per hour and pro-rated)*	$200.00
Court Testimony (per hour and pro-rated including transport/prep/consult)	$250.00

Retainer may be required for $2,000.00 in advance.

OTHER FEES:

Patient-related work which may not be covered by insurance, such as extended telephone contact (greater than ten minutes), consultations with school or other professionals, reports and report preparation, preparation of records or treatment summaries and lengthy correspondence are billed at pro-rated individual session rates of $_50___ per 15 minute increment.

Checks returned for insufficient funds result in a $30.00 fee to cover banking costs.

Accounts with outstanding balances are charged a late payment fee of 12% of the balance after 60 days.

BILLING AND PAYMENTS

You will be expected to pay for each session at the time it is held, unless we agree otherwise or unless you have insurance coverage which requires another arrangement. **Your insurance co-payment is due at the time of service.**

As a service to my clients, I have contracted with TherapyNotes to submit claims to your insurance carrier on your behalf. They will process the claims, apply payments to your account and send monthly billing statements to you. In addition, they have a computer system to store client data with HIPPA Compliance standards. Some insurance policies require that your pre-authorize or pre-certify service before they will consider claims for payment. You must contact your insurance carrier to determine whether they will cover our sessions and/or obtain preauthorization. Failure to obtain this information may cause the insurance company to reject your claims. **It is important that you understand that limitations in insurance coverage do not release you from your obligation to pay for services in full.**

If your account has not been paid for more than 60 days and arrangements for payments have not been agreed upon, I have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court. If such legal action is necessary, its costs will be included in the claim. In most collection situations, the only information I release regarding a client's treatment is his/her name, the nature of services provided, and the amount due.

APPOINTMENT CANCELLATION POLICY

Because I hold the hour of your appointment time open for you, when it is necessary to cancel an appointment, you are expected to do so at least **24 hours in advance.** Late cancellations or failed appointments do not allow me to schedule other clients during that time period. When an appointment is missed or cancelled less than 24 hours in advance, the full hourly fee will be charged. **Insurance companies do not reimburse for late cancellations or failed appointments and you will be responsible for this charge.**

OTHER POLICIES

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

If you are referred by a legal authority for services (e.g., therapy, mediation, co-parenting, etc.), we will not testify about your services **unless arrangements/agreements are made prior** to beginning services. Legal referrals are not covered by insurance. Court testimony or involvement secured or subpoenaed will result in pro-rated fees and include any collaboration, preparation, and transportation time.

You may elect to keep a credit card on file to be billed for co-payments, session fees, cancellation fees, and other payment responsibilities.

Visa Mastercard Amex # _____ Exp: _____ card number

3 or 4 digit Card Security Code_____ Billing zip code for card: _____

Visa Mastercard Amex # _____ Exp: _____ card number

3 or 4 digit Card Security Code_____ Billing zip code for card: _____

Do you want us to bill your credit card periodically for the amount you owe? This is the best way to keep your case progressing, as I have to stop working on your case from when I send statements until I receive payment. If you check this option I will send you an itemized statement. YES/ NO

Do you want to receive statements by email? Yes/ NO

My signature below indicates that I have read and understand this schedule and policies and agree to its terms.

_____ _____

Signature of Responsible Party Date