

**Pathways Counseling Center  
FEE SCHEDULE AND CONSENT**

Initial Assessment	\$120.00	Group Therapy (90 min) per group member	\$ TBD
Individual Therapy (50 min)	\$ 90.00	Telephone Conference (per 15 min)	\$ 25.00
Individual Therapy (30 min)	\$ 45.00	Correspondence	\$ 50.00
Family Therapy (50 min)	\$ 90.00	Expert Witness (portal to portal/per hour)	\$ 175.00

**Financial Policy**

Payment is expected at the time of your visit, unless prior arrangements have been made. Your account will be charged for any additional professional services rendered by your therapist at your request, such as phone contacts over five minutes, preparation of special forms, insurance reports, court time, consults with other professionals, etc. Check with your therapist regarding charges for these specific services.

**We bill all insurances.** If you have insurance, which provides coverage for this provider and for this treatment, we will be happy to assist you in seeking payment and/or reimbursement from your insurance carrier. Once you provide us with all of the necessary information, this office will file claims, request preauthorization, and seek authorization for continued treatment as required by your insurer. All co-payments and deductible amounts (if any) are your responsibility. If payment from your insurance company is not received within 30 days of billing, we will re-bill one time. If payment has not been received within 60 days of billing, you will become liable for the fees. The account may be sent for collection if payment or payment arrangements have not been made within 90 days of billing. If it is the policy of your insurance carrier to reimburse you directly (i.e. BCBS), you will need to pay your full fee at the time of service.

Medical insurance is a contract between you and your insurance carrier. ***It is your responsibility to know and understand the benefits of your insurance policy.*** Eligibility for benefits information provided to this office by your insurance company is not a guarantee of payment by your insurance. Payment by your insurer is subject to the conditions in effect at the time of services. Any change affecting your insurance coverage is to be reported to this office. Unless alternate payment arrangements have been made between the therapist and your insurance carrier, you will be responsible for the full fee regardless of your insurance company's reimbursement policies.

**Financial Agreement**

Your fee per visit is payable at the time of treatment. We accept cash, check, cashier's check, and most credit cards. If you would like us to automatically bill your credit card for your sessions, please fill out the "Pre-Authorized Health Care Form".

**No Show and Cancellation Policy**

Your session time has been reserved for you. 24 hours notice is required for cancellation or you will be charged in full for your session. Missed sessions are not covered by insurance and will not be billed to your insurance company.

**Emergencies**

In the event of an emergency call 911 or the Brevard Crisis Line at 632-6688.

**Your payment is to be paid in full at the time of each session. Fees are subject to change.**