

**PRAIRIE COUNSELING SERVICES**  
**1460 W. Main Street, Sun Prairie, WI53590**  
**CLIENT FINANCIAL RESPONSIBILITY FORM**

**CLIENT RESPONSIBILITY:**

As a courtesy to you Prairie Counseling Services will bill your medical insurance company for services we provide. However, the client (or the person responsible for the client) is ultimately responsible for payment of any bills. If you have no insurance coverage, you are asked to make payments before each session, unless other arrangements are made with your doctor/therapist.

**PAYMENT PROCEDURE:**

Any balance over 60 days old becomes the client's responsibility to pay, regardless if the insurance has been billed. Co-pays and/or deductibles are to be paid prior to each session. Payment is expected no later than 30 days after the client (or party responsible for the client) has received the bill/statement. Statements will be sent to the responsible party monthly. Any balance over 90 days will be sent to a collection agency and all cost will be passed on to the responsible party. Any parent who brings a minor child to Prairie Counseling Services will be held responsible for any out of pocket expenses incurred regardless of court-ordered financial agreements.

**APPOINTMENT CANCELLATION/NO SHOW CHARGES:**

Any appointment canceled with less than 24 hours' notice or you fail to appear for without calling will be billed directly to the client for the time reserved. Your insurance does not cover this type of bill. Prairie Counseling Services reserves the right to terminate treatment due to two or more no shows.

**LATE CHARGES:**

Prairie Counseling Services reserves the right to charge a late fee if a personal payment is not made within 30 days of receiving a statement. A \$25.00 late payment fee will be assessed on any unpaid balance remaining after 30 days. Continued non-payment of monies owed can result in termination of treatment.

**FEE SCHEDULE (subject to change without notice)**

<u>Level of Service</u>	<u>MD</u>	<u>PhD/LCSW/CSAC</u>	<u>No Show/Late Cancel</u>
Initial Evaluation	\$270.00	\$230.00	N/A
60 Minutes ongoing	\$260.00	\$220.00	Full Fee
45 Minutes ongoing	\$180.00	\$170.00	Full Fee
30 Minutes ongoing	\$150.00	\$120.00	Full Fee
25 Minute E/M	\$200.00	N/A	Full Fee
15 Minute E/M	\$140.00	N/A	Full Fee
Group Therapy	N/A	\$140.00	Full Fee

Please note that some appointments may use two codes to bill for one service date.

**INSURANCE REQUIREMENTS:**

It is the client's responsibility to check with their insurance company prior to starting treatment at Prairie Counseling Services to make sure that mental health/substance abuse is a covered benefit. The client should also be aware of any limitations, deductibles, co-pays, and/or referral requirements of their specific insurance company. Referrals should be obtained prior to starting treatment.

If you have any questions or concerns, please discuss them with your doctor/therapist. Thank you.

\_\_\_\_\_  
Signature of Client/Responsible Party

\_\_\_\_\_  
Date