

Financial Policy

- **Lake Geneva Wellness Clinic, LLC**
101 Broad Street Suite 201
Lake Geneva, WI 53147
262-248-7942
- **Wheatland Location**
6606 368th Ave
Burlington, WI 53105

Individual, Couple, or Family Psychotherapy

If provided by Social Worker	\$180 Initial Evaluation \$140/session
If provided by Counselor	\$180 Initial Evaluation \$140/session
If provided by Counselor in Training	\$70/session
If provided by Intern	No Charge

AODA Assessment	\$275
Missed appointments	\$75
Check return fee	\$25/per check

If we do not take your insurance private pay may be an option at a possible reduced rate.

PLEASE READ AND INITIAL:

*MISSED APPOINTMENTS: Therapy is most effective when appointments are made and kept. However, if you do need to cancel an appointment please do so at least 48 hours in advance. Please call the clinic and leave a message on the confidential voicemail if we are closed. You will be charged for appointments cancelled less than 48 hours in advance.

** If you miss (2) Appointments without cancelling per policy above, you may be discharged.

***We understand emergencies and unexpected circumstances come up that prevent you from cancelling within 48 hours.

However, if you have multiple late cancellations you may be discharged. **Initial _____**

In order to prevent insurance fraud, we will only be able to use insurance from the date the client authorizes Lake Geneva Wellness Clinic, LLC to use the insurance and forward. We are unable to backdate insurance claims. You will be responsible for any charges not covered. **Initial _____**

Copays are due at the time of service. **Initial _____**

THIRD PARTY BILLING: If you make an appointment for yourself, your child, or stepchild, payment is your responsibility. The Lake Geneva Wellness Clinic, LLC will send a duplicate statement to a third party; however, the party initiating treatment will be responsible for payment to the Lake Geneva Wellness Clinic, LLC. (We will, of course, bill insurance companies directly where adequate coverage is available.) **Initial _____**

MARITAL COUNSELING-RESPONSIBILITY OF PAYMENT: Each spouse is jointly and severally responsible for the entire amount of the charges incurred by either or both spouses. **Initial _____**

PRIVATE PAY CLIENTS: If you are a private pay client, there is a minimum of 1/2 of the agreed reduced fee amount due at the time of service. **Initial _____**

TERMINATION FOR FINANCIAL REASONS: In the event that you have a balance due of \$300.00 or higher, you will be required to make a payment arrangement with the office manager before you will be able to schedule sessions in the future. If you do not make a payment as scheduled you will be discharged and referred elsewhere. **Initial _____**

****ADDITIONAL PRORATED BILLING: may be made for phone calls, preparation of reports, test scoring and review, handout materials, tapes, consultation, court appearances, writing letters on client's behalf, etc. **Initial _____****

Medicare Part B will NOT pay for services rendered to any person who is part of ANY penal regulation or incarceration.

WAIVER OF RIGHT TO CONFIDENTIALITY IN CASE OF COLLECTION PROCEDURE: Lake Geneva Wellness Clinic, LLC reserves the right to release client information to our attorney or collection agency if necessary to collect past-due charges after client has been notified of impending collection procedures.

PLEASE FEEL FREE TO REQUEST CLARIFICATION OR FURTHER INFORMATION REGARDING OUR PAYMENT POLICY PRIOR TO YOUR FIRST VISIT.

I understand and will abide by the Lake Geneva Wellness Clinic, LLC's policies regarding fees and services.

I realize that the Clinic programs are geared toward promotion of self-responsibility as much as possible for each client. In this regard, I am prepared to expend as much effort as necessary to improve upon the quality of my life and lifestyle.

Signature _____

Date _____