

LWCFC FEES AND INSURANCE INFORMATION



Therapy is typically conducted in 45 or 60 minute sessions. The therapy is billed using CPT codes. The fees for a master level therapist in training are the same as those for a licensed therapist. A therapist in training works under the supervision of a qualified supervisor.

The current fees for therapy at LWCFC (and the corresponding CPT Codes) are as follows:

90791	Psychiatric Diagnostic Evaluation (Initial Intake Session)	\$225.00
90832	Psychotherapy with patient or family member, 30 minutes (16-37 minutes)	\$75.00
90834	Psychotherapy with patient or family member, 45 minutes (38-52 minutes)	\$150.00
90837	Psychotherapy with patient or family member, 60 minutes (53-60 minutes)	\$200.00
90846	Family or couple psychotherapy, without patient present	\$175.00
90847	Family or couple psychotherapy, with patient present	\$175.00
90853	Group Psychotherapy (<i>not family</i>)	\$50.00
CANCELLED	Late Cancellation (less than 24-hour notice given)	\$100.00
MISSED	Missed Appointment (no show, no contact)	\$100.00

LWCFC billing is divided into two categories:

1. Non-insured services - Payment for services is due on the day of the scheduled appointment.

2. Insured services - Your health insurance may cover all or a portion of the fee. We cannot guarantee payment from your insurance company. To avoid disappointment, we strongly suggest that clients contact their insurance company to make certain that their mental health insurance assumptions are correct. As you know, most insurance companies pay only a portion of the services provided. Further, clients must realize that professional services are rendered to a person, not to the insurance company. Hence, the insurance company is responsible to the client and the client is responsible to us. We cannot render services on the assumption that the charges will be paid by the insurance company. Should there be a dispute related to the service provided or the charge for that service, the settlement of that dispute is between you and your insurance carrier. Our office will not be involved in the settlement of such disputes. **The final responsibility for the services provided to you is yours.**

You will be asked to sign a form giving LWCFC your permission to release sufficient personal health care information to file the claim with your insurance company.

It is our practice to receive payment for co-pays, co-insurance, and deductibles at the time of your visit.

Payment methods include check, credit card, or cash. If the check is not cleared at the bank due to insufficient funds and LWCFC incurs a fee from the bank, you are responsible for paying \$25 in addition to what you may already owe.

You will receive monthly statements that will notify you of any unpaid balance on your account. Unless prior arrangements are made, past due balances may be submitted to a third party, such as a collection agency or attorney for collection. Past due is defined as being 30 days delinquent from the date of billing. LWCFC reserves the right to determine when a past due account is referred to a third party for collection.