

Achieving Family Wellness, LLC

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Achievingfamilywellness.com

Policies updated 06/13/2018

It is our goal for you to understand your financial responsibility before your first appointment.

- **FEES:**
 - Counseling fees:
 - 45 Minute Session:** \$100.00
 - 60 Minute Session:** \$125.00
 - Play Therapy Session:** \$115.00
 - Family Therapy Session:** \$110.00
 - Phone Calls:** \$125.00/hour (Phone calls initiated by client where counselor needs to provide therapeutic services over the phone)
 - Additional Fees:
 - Letters:** \$50.00 per letter
 - Preparation of documents/testimony related to legal proceedings:** \$200 per hour.
 - Court Testimony/Disposition, including transportation:** \$200 per hour
 - Retainer for Testimony:** \$1200.
- **FEES DUE:** All fees are due at the time of service. If you are utilizing your insurance benefits, we will bill your insurance company for you. Your estimated responsibility is outlined below. **Please note that in the event your insurance provider does not pay for services, you are responsible for all fees.**
- **CANCELLATION and NO-SHOW Policy:** Achieving Family Wellness requests clients to provide notice at least 24 hours in advance to cancel an appointment, or there will be a **\$45 no-show fee**. As insurance does not cover charges for reserved time; clients are personally responsible for any such charges. If you are over 15 minutes late, the appointment may be cancelled, and no-show fees will apply.
No Show/Late Cancellation Fees are NOT charged when they are disallowed by Insurance network contracts, however, any client who has two no shows or late cancellations within a two-month period will receive a letter of removal of counselors weekly schedule and future appointments will be scheduled on a week to week basis.
- **STATEMENTS:** If you have a balance due, statements will be mailed and/or available at clients request through your counselor
- **BILLING QUESTIONS:** For problems involving payments and insurance, please contact the office by email (corys@achievingfamilywellness.com) or at 208-649-6048.

YOUR FINANCIAL INFORMATION

Insurance Provider:		
Copay:	Coinsurance:	Deductible:
45 minute session estimate:		60 minute session estimate:
Estimated Payment due per session:		Minimum due per session:
LIMITATIONS AND EXCLUSIONS:		