



Wellman Psychology & Associates S.C.

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Fax (773) 435-6354

Payment Policies

PAYMENT OF FEES: Any co-payments or co-insurance charges that the patient is responsible for will be due at the time of service. Any balance owed by the patient after billing their insurance company will be billed to the patient and due upon receipt of that bill unless other arrangements are made. Forms of payment that are accepted are credit cards, checks, or cash.

CHARGES: The following is a list of services and the charges that will be applied:

- Initial Clinical Interview (Therapy, first session): \$190.00
- Individual and Family Therapy (per 60 minute session): \$190.00
 - Includes sessions in person, over the phone, or through video conferencing.
 - Group Psychotherapy
- Neuropsychological or Psychological Testing: \$570
- Complete Neuropsychological Testing: \$3500
 - Rates may vary depending on the tests needed and length of time to complete those tests.
 - Most insurance companies will require an authorization for testing before they will pay out for these tests.
- Court Fees: \$500/Hour
- Charges may vary if an agreement has been made between you and the therapist

INSURANCE: We require your insurance cards so that we may make a copy of it to have on file. Verification of benefits will be made before the initial visit. We request that if there are any changes to your insurance that you notify us before your next visit. If you pay a co-payment/co-insurance in accordance with your insurance policy, you are responsible at minimum for the corresponding patient responsibility up to a full session, even if insurance does not reimburse.

MISSING AN APPOINTMENT: If for any reason you cannot make your appointment, we ask that you give us a **24 HOUR NOTICE** by contacting us to either cancel or reschedule. Any scheduled appointment that has not been canceled or rescheduled 24 hours prior to the appointment time, a **cancellation fee of \$75** will be charged to you.

By signing below, I verify that I have read, understood and agree to the Payment Policies stated above.

Print Name: _____

Signature: _____ Date: _____