



Peace of Mind Therapy • 6502 Grand Teton Plaza Ste 204 • Madison, WI 53719

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Peace of Mind Therapy Business Policy

Our business policy provides an overview of our billing practices, our office hours, what is covered and not covered by treatment with us, our cancellation and discharge policies. We ask that you review this information and sign below.

Office Hours:

Administration staffed hours at Peace of Mind are 8:00 a.m. to 4:30 p.m. Monday through Friday. We do have a diverse clinical schedule based on each therapist's personal availability. Appointments outside of staffed hours will be at the discretion of each clinician. After hours calls will be fielded by our internal message system with the possibility of reaching your individual therapist in an emergency only situation. We ask that all after hour's communication be left with our main message system and we will return those messages next business day. Each clinician can be reached by email after hours as well. Those emails are your clinicians first name@peaceofmind-madison.com.

Fee Information for Insurance Billing:

Initial Intake Session - \$205

Individual Therapy - \$160

Family Therapy - \$160

Fees NOT Reimbursed by Insurance Companies:

Couples Therapy - \$160

Late Cancel or No Show - \$120

Request of Records - \$26.00

Consultation time or Records Preparation per Hour - \$120

Court Preparation and/or Testimony per Hour - \$250

Out of Pocket Responsibilities:

It is ultimately the responsibility of the client to cover the costs of therapy should insurance not reimburse, if a credit card declines, if a deductible is not met or if a client is seeking additional needs outside the normal clinical hour. It is the responsibility of the client, not the practice, to understand individual insurance plans and be aware of the current accounting of that insurance plan (co-pay amount, deductible amount etc.)

48- Hour Cancellation Policy:

We require **48 hours** advance notice for any cancellations. For our **Monday appointments**, we require notice on **Thursday during our business hours to cancel**. After hours (4:30 p.m.) Friday or over the weekend will be considered a late cancellation unless your appointment is Wednesday the following week. We prioritize that hour for you and we need time to adjust to fill our session slots if you cannot make it. All late cancellations will be charged a fee of **\$120**.

Discharge Policy:

Reason(s) for discharge: Client completed services; Client referred out for services; Client discontinued treatment.

Reason(s) for involuntary discharge: Three No-shows and/or late cancellations in a 6month period; Non-compliance with treatment recommendations; a threat to clinician's safety.

I HAVE READ AND I UNDERSTAND THE ABOVE FEES, CANCELLATION, AND DISCHARGE POLICY.

Signature: _____ **Date:** _____