

WUNDERLICH



Counseling & Consulting

Pamela K. Wunderlich, M.A., LCPC

POLICIES AND PROCEDURES

FEES: Fees are \$205.00 per 60 minute session. Fees for 45 minute sessions will be \$185.00 and for 30 minute sessions will be \$125.00. The Initial Assessment session will be \$235.00. In the event of financial need, per session fees will be determined by a formula of 1/10 of 1% of combined household income. Reduced fees will range to a minimum of \$125.00 for a 45 minute session. Initial Assessment fees for reduced fee sessions will be 1½ times the agreed upon 45 minute session fee. Fees are for individual, marital or family counseling. Special fees are determined for sessions longer than 60 minutes or for co-therapy. Group counseling fees are \$70.00 for a 75-minute session. Extended phone calls, emails and texts will be charged on a prorated basis in ten (10) minute increments after the first ten (10) minutes. In the event a Subpoena is issued to Wunderlich Counseling & Consulting, a Subpoena Fee of \$3000.00 will be charged to cover time and legal costs.

PAYMENTS: Payment is due in full at the beginning of each session. Checks are to be made payable to Wunderlich Counseling. Insurance deductibles, co-pays or co-insurance payments are due at time of service. If insurance fails to pay for any reason, client is responsible for all fees for service. If a client is delinquent on payment for three sessions, no further appointments will be scheduled until appropriate payment is made. In all circumstances, the client or client's parent/guardian remain responsible for payment in full when treatment recommendations exceed third party coverage or financing, and all co-pay, co-insurance or self-pay payments are the responsibility of the parent/guardian bringing children or adolescents to session. Clients who have unpaid balances over 60 days old without any payment plans will be referred for collections.

CANCELLATION POLICY: 24-hour notice for cancellation is required. Without 24-hour notice, clients will be charged at full fee unless the time slot can be filled. If cancellation is due to illness or emergency situations, clients will not be charged.

CONFIDENTIALITY: Your treatment is confidential within the limits prescribed by law. No information about your treatment will be released without your request or written consent. However, relevant laws require that I contact others about your safety if you present a danger to yourself or to others, if I learn of child abuse or neglect, or if ordered by a court. In addition, I may converse with other counselors/therapists in peer and supervisory consultation situations, without revealing your identity, to improve the quality of your treatment. If you choose to use insurance or managed care companies, I may be required to release confidential information in order for you to receive reimbursement. If you (client) are under 12 years of age, I must discuss parameters of your treatment with your parent(s) or legal guardian(s). If you are over 12 years of age and under 17 years of age, I may discuss your treatment with your parent(s) or legal guardian(s) with your consent. It is important that you understand that your confidentiality cannot be guaranteed if you use or request your counselor to use any form of electronic communication including but not limited to e-mail, texting, instant messaging, social networking, non-HIPAA compliant video conferencing, et al.

INSURANCE: If you have comprehensive health insurance that covers outpatient mental health and you wish to use this policy, please note the following: **As your Counselor, I am not responsible for confidentiality procedures employed by other parties, e.g., insurance companies, managed care companies, etc. Due to the fact that other parties often create electronic records, I am unable to guarantee the confidentiality of your records should you use your insurance company to subsidize the cost of professional counseling.** If your choice is to use out of network insurance, you are responsible for completing and filing insurance claims. **It is also your responsibility to verify that your in network or out of network benefits cover these professional counseling services.** I will provide you with a monthly statement detailing your charges and payments which you may submit with your claim forms. If insurance is used, a **Release of Information** form may have to be signed authorizing Raymond Wunderlich to release necessary diagnostic, clinical and treatment information to your insurance company.

APPOINTMENTS AND ACCESS: Contact Pam Wunderlich or leave a message at 847-624-0402. Texting is to be used only for communication regarding appointments. Calls will be returned as soon as possible. Subsequent appointments are made at the end of each counseling session. In the event of an emergency, follow instructions on the message at the number noted above.

I HAVE READ THESE POLICIES AND PROCEDURES AND AGREE TO COMPLY.

CLIENT(S) SIGNATURE: _____ **DATE:** _____

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

COUNSELOR'S SIGNATURE: _____ **DATE:** _____

Rev. 5/2023

Office Address:
Grove Medical Center
4160 Rt. 83, Suite 204
Long Grove, Illinois 60047

Mailing Address:
318 W. Half Day Road - PMB 284
Buffalo Grove, Illinois 60089

Contact Us:
www.WunderlichCounseling.com