

Financial Policy
Wellness Counseling & Consulting Services
20512 SW Roy Rogers Rd., Suite 150, Sherwood, OR 97140
503-833-2566

Below are the terms of agreement regarding payment for sessions and services at Wellness Counseling & Consulting Services (WCCS).

1. Session fees are based on a clinical hour, which is defined as 45-50 minutes direct with the therapist. Sessions longer than 50 minutes will be charged for the additional time in 15 minute increments.
2. My current rate is \$100 per 50-minute session. Patients who pay their bill in full at the time of service will receive a 10% discount. If you are using insurance, your insurance plan has a contracted rate that they pay to providers after your co-pay, co-insurance, and/or deductible have been met. All patient fees are due at the time of your session. Your insurance plan will be billed for any remaining fees by WCCS (if applicable).
3. If I, the patient, fail to appear for an appointment without a 24-hour notice of cancellation, the entire session fee (\$100) will be charged and I will be responsible for payment. This fee is not billable to my insurance company.
4. I understand that if I am late to a session, that session will end at the time originally scheduled. It is my responsibility to arrive on time.
5. Services including phone calls and emails (for other than scheduling purposes), record reviews, letters written on behalf of patient, and professional consults at times other than the scheduled therapy session are the patient's responsibility. These services will be billed in 15 minute increments.

Your therapist will not voluntarily participate in any litigation, or custody dispute in which a patient is involved. Your therapist will also not make any recommendation as to custody or visitation regarding a patient. Your therapist will generally not provide records or testimony unless compelled to do so by a court. Should your therapist be subpoenaed, court appearances are billed at \$200.00 per hour, whether in person or by phone, with a minimum charge of six (6) hours per day, for a total of twelve hundred (\$1200) dollars per day. Should the court appearance occur during a previously scheduled vacation, the fees are doubled. The patient will be responsible for these fees. Your insurance will not cover these fees.

6. I authorize my health insurance to provide payment of benefits to Maggie Sprague, M.Ed., LMFT (dba Wellness Counseling & Consulting Services).
7. I understand records of my treatment may be shared with my insurance company (if applicable) when necessary to process claims.
8. I understand I am responsible for payment if my insurance company declines payment.