

## **CLINICAL AND EXPERT WITNESS FEE SCHEDULE**

"Identified client" means the person who is the primary person in need of treatment and to whom a diagnosis
has been assigned. Insurance companies require a qualifying diagnosis for services to be eligible for
reimbursement. If the Identified Client is a child, family counseling may at times include parents or siblings.
For children whose parents share joint custody, permission to treat must be given in writing by both parents.

#### General

Identified Client:

Welcome to Wilson Counseling. We appreciate the opportunity to help you/your family get to a better place through processing of past events in order to promote healing, development of coping skills to manage life situations, and enhancement of communication and relationship skills.

Clinicians are hourly staff. Most often, clinicians have clients seeking appointments who must wait for an available time. For this reason, it is important that you make every effort to keep scheduled appointments or to provide adequate notice of need to cancel so that other clients may have access to that time slot. Our fee schedule is consistent with fees in our geographical area and consistent with industry standards established by insurance companies. Your therapist can negotiate fees with you on a case-by-case basis.

All clinicians have a Master's degree in a Social Work or Clinical Counseling. LCSW's have completed Board requirements and passed the full-level licensure exam for independent practice. CSW's have passed a mid-level licensure exam and are working toward independent licensure which requires a minimum of 2 years full-time practice under supervision. LPCA's remain under supervision through 4000 practice hours. All clinicians are required to complete continuing education. Many of our clinicians are certified in a specialty or have sought additional training in specialized areas to enhance degree of expertise and skill. This amount of education, practice under supervision, written examination, licensure and continuing education provide you with a highly qualified mental health professional. The Social Work Board maintains a high standard for practice and clinicians are ethically bound to uphold these standards.

#### **Missed Appointments**

24 hour notice of cancellation is required. A fee of \$25 will be charged for no-shows or less than 24-hour cancellation after the 3<sup>rd</sup> occurrence. These fees must be paid prior to scheduling another appointment. These fees are not covered by insurance.

#### **Phone Calls**

Phone calls lasting more than 10 minutes

\$130/hour rounded up in 10-minute increments

Bowling Green Office: 1312 Westen Street Bowling Green, KY 42104 Russellville Office: 252 N. Main Street Russellville, KY 42276

Voice: 270-904-1072 Fax: 270-904-1073



# **Therapy**

Assessment \$165 Session (55-60 minutes) \$130

Copays and amounts applied to deductible are due at the time of service. A late charge of 5% per month will be added monthly for any amounts more than 30 days past due from the time invoices are sent to you.

## **Court**

As an expert witness, significant preparation is necessary for court testimony and depositions. A minimum of \$250 will be charged when a clinician is subpoenaed to testify in court or at a deposition, regardless of whether clinician actually testifies, unless cancelled 72 hours prior to scheduled court hearing/deposition. Payment is due in full 72 hours prior to scheduled court date. A subpoena compelling testimony must be received. The party issuing the subpoena or requesting a report will be charged. These services are not covered by insurance.

Court preparation \$150/hour

Court testimony \$250/hour (travel and wait times to be included)

Court reports \$150/hour

# **Records**

Clients are entitled to one free copy of medical records. Additional fulfillment of record requests beyond one free copy will be charged to the party making the request in 15-minute increments at \$130/hour. These fees are not covered by insurance. Please allow 7 days after making request.

I have read, understand and agree to the above terms.		
Client/Guardian	 Date	
Client/Guardian	 Date	

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