

Owen Bolton, LMSW, ACSW.
9 Heritage Oak Lane, Suite 9
Battle Creek, Michigan 49015

CHARGES AND FEES

Effective as of 06/01/2010

Fee charges are based on clinical sessions lasting 45 to 60 minutes.

INITIAL EVALUATION, CONSULTATION, AND RECOMMENDATIONS: Fee: \$125.00

INDIVIDUAL COUNSELING (45-60 MINUTES) SESSIONS: Fee: \$110.00

COUPLES &/OR FAMILY COUNSELING (45-60 MINUTES) SESSIONS Fee: \$110.00

GROUP COUNSELING Fee: Pending

* To be determined by type and length of the group.

* Longer sessions in any of the above types of service are available at a prorated amount.

TELEPHONIC CRISIS INTERVENTION OR CONSULTATION: Fee: Varies

*Any phone call exceeding 15 minutes is viewed as an emergency or a consultation.

*The caller will be charged \$30.00 for every 15 minutes the Therapist is on the phone.

* Since this is a service not covered by Health Insurance, the caller will be billed.

NO SHOW / NO CALL FEES: Fee: \$30.00

The No Show / No Call policy is on the Client Insurance & Billing Form.

COURT: (File Reviews, Written Reports, and Consultations) Fee: Up to
\$200.00 per hr.

COURT APPEARANCES: (Voluntary or Involuntary) Fee: Up to
\$300.00 per hr.

Your appointment time is scheduled exclusively for you, and you will be expected to give at least 24 hours notice or you could be subject to a fee. It is requested the client take responsibility for determining the type and extent of insurance coverage for services rendered. It is requested that payments or co-pays be made at the time of service. Each client is asked to assume responsibility to file insurance claims as is appropriate or designated. Some insurance plans require that I file claims for services rendered; and in these cases I will do so. Checks returned for insufficient funds will result in a \$30.00 charge being added to your account. If the balance exceeds \$400.00, continued services may require a formal agreement. More often than not, I will accept what your insurance will pay rather than the full charge. However, I reserve the right to insist on greater payment if that which the insurance pays is not customary and usual.

Your signature below indicates that you understand the Charges and Fees, and will abide by it.

Client's Signature

Date

