

Fees and Payment Policy
Sandra Wilcox, LPC

Office Fees: These fees will be in effect beginning July 15, 2013. They may alter in the future depending upon circumstances. I will provide at least a months' notice prior to any change.

Usually I ask that the fee be paid at each session. Upon request I will provide a statement of sessions and fees paid or owed. If a bill is sent I ask that payment be made within 15 days of billing.

Checks are made **payable to Sandra Wilcox.**

Intake session,	\$100 individual, \$125 couple
Individual sessions, 50 minutes	\$100-125
Couple, 90-95 minutes	\$125
Child, 45-50 minutes	\$100

Other Fees: I do not bill for brief telephone calls to discuss appointments times or changes. If the telephone session is longer than five minutes fees are billed proportionate to the time involved.

After hours and weekend phone calls are billed as follows: 20-30 minutes: \$40.00 etc.

Letters, calls to other therapists or report preparations are billed proportionate to the time involved.

I prefer not to be involved in legal testimony. If required to participate on your behalf my fee for forensic work is \$150 per hour plus \$300 per hour for my supervisor's additional supervision.

Equine Assisted Psychotherapy: Fee is \$150 per hour session per person.

Insurance: I am on the Blue Cross Blue Shield board and can make claims for you. For other insurance companies that offer Mental Health coverage, I can give you a receipt that you can then file as Out Of Network Provider.

Cancellations: If you know in advance that you will need to cancel I would appreciate as much advance notice as possible so that the time may be used for others. I do bill for sessions that are cancelled with less than (24) twenty-four hours' notice or not attended. If you feel circumstances outside of your control caused the missed session please discuss them with me; (for example I don't bill when unexpected illness occurs the day of the session). Please **cancel by phone, 512-842-9085 to leave a verbal message but not email or text message.**

Signature: _____ Date: _____

Insurance Company _____ # _____