

THERAPIST FEE SCHEDULE
JANUARY 1, 2020 - DECEMBER 31, 2020
 Behavioral Health Services
 Waupun Memorial Hospital
 Agnesian HealthCare

BHO-533 WMH Therapist (3.07.20) ORDER FROM PRINTING
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PSYCHOTHERAPY

Initial Evaluation

90791	PhD/PsyD	\$376.00
	LCSW.....	\$345.00
	LPC/LMFT	\$342.00
	Doctoral Intern	\$306.00
	CSAC.....	\$253.00

30 Minute Psychotherapy

90832	PhD/PsyD	\$186.00
	LCSW.....	\$153.00
	LPC/LMFT	\$153.00
	Doctoral Intern	\$155.00
	CSAC.....	\$143.00

45 Minute Psychotherapy

90834	PhD/PsyD	\$291.00
	LCSW.....	\$263.00
	LPC/LMFT	\$260.00
	Doctoral Intern	\$250.00
	CSAC.....	\$226.00

Crisis - First 60 Minutes

90839	PhD/PsyD	\$290.00
	LCSW.....	\$263.00
	LPC/LMFT	\$259.00

Crisis - Additional 30 minutes

90840	PhD/PsyD	\$186.00
	LCSW.....	\$153.00
	LPC/LMFT	\$153.00

Group Psychotherapy

90853	PhD/PsyD	\$149.00
	LCSW.....	\$138.00
	LPC/LMFT	\$136.00
	Doctoral Intern	\$130.00
	CSAC.....	\$118.00

90785 Interactive Complexity

PhD/PsyD	\$66.00
LCSW.....	\$59.00
LPC/LMFT	\$60.00
Doctoral Intern	\$41.00

Family Psychotherapy without patient

90846	PhD/PsyD	\$290.00
	LCSW.....	\$256.00
	Doctoral Intern	\$254.00

Interpretation

90887	PhD/PsyD	\$277.00
	LCSW.....	\$244.00

SAC-IT, SAC and CSAC are supervised by Amy Johannes, CSAC, ICS

Doctoral Interns are supervised by Nancy Goranson, PhD, Evelyn Schaefer, PsyD, Jennifer Specht, PhD and Wendy Upadhyay, PsyD

Master Level Interns are supervised by Colleen Hanson, Paul Clark and Colleen Zietlow

TESTING

Psychological Testing Evaluation - First hour

96130	PhD/PsyD	\$639.00
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Psychological Testing each additional hour

96131	PhD/PsyD	\$481.00
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Neuropsychological Testing Evaluation - First hour

96132	PhD/PsyD	\$629.00
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Neuropsychological Testing Evaluation each additional hour

96133	PhD/PsyD	\$477.00
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Psychological/Neuropsychological Testing Administration and Scoring first 30 minutes - 2 or more tests

96136	PhD/PsyD	\$137.00
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Psychological/Neuropsychological Testing Administration and Scoring each additional 30 minutes - 2 or more tests

96137	PhD/PsyD	\$106.00
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Neurobehavioral Status Exam - First hour

96116	PhD/PsyD	\$273.00
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Neurobehavioral Status Exam each additional hour

96121	PhD/PsyD	\$273.00
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Testing by LPC is supervised and billed under Matt Doll, PhD or Lynn Stock, PhD



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- We strongly recommend you become familiar with your insurance policy regarding the extent of mental health and/or addiction insurance coverage. **You** should check to see the requirements of your plan before your next appointment. The fee allowed or paid by your insurance and the co-pay may vary with the policy or contract Agnesian Healthcare has with your carrier. It is your responsibility to pay any portion of the bill not covered by insurance.
- **Co-payment is due at the time services are provided.**
- If you are self-pay, you will be **required to pay one half of the session fee at the time of each appointment and make a payment plan.**
- Outpatient Behavioral Health Services will not enter into any dispute with your insurance carrier. Should they fail to pay, you are responsible for the unpaid balance in full thirty (30) days after you have been discharged from treatment services.
- An individual may be involuntarily discharged from treatment services for their inability to pay for services under certain circumstances. St. Agnes Hospital may turn over any outstanding bill to a collection agency if appropriate and adequate payment arrangements are not reached.
- If we can be of any assistance in helping you understand your coverage, please feel free to ask us. For questions regarding billing, please call (920) 324-7615.
- A full listing of all fees within Outpatient Behavioral Health Services is posted in the waiting room and a copy can be obtained from the receptionist
- Missed sessions and those canceled without 24 hour notice shall be billed at one half the session fee. Insurance companies and medical assistance generally do not cover this fee. More than two missed appointments or cancellations with less than 24 hour notice is grounds for dismissal.

I have read and understand the above fee policy information.

SIGNATURE OF PATIENT (if under 18, parent or guardian signature)

DATE

TIME

