

Spiritual Family Counseling, LLC.

33150 Schoolcraft RD, STE 102, Livonia, MI 48150

Office: 517-214-6531 Client: 313-389-6254

Fax: 844-829-4484

Email: spiritualfamilycounseling@outlook.com



FEE SCHEDULE FOR SUPPLEMENTAL CLINICAL SERVICES

Supplemental Clinical Services are charges for additional clinical services that insurance companies and other third-party payers do not cover. These services are billed to the client and are to be paid for directly by the client.

1. Phone calls to clients:

- a. Phone calls lasting under 15 minutes are considered part of ongoing clinical care and are provided with no additional charge.
- b. Phone calls lasting 16+ minutes may require an appointment.
- c. Phone calls between 20-30 minutes are subject to a flat fee of \$60.
- d. Phone calls exceeding 30 minutes will receive an additional \$5 per minute for each additional minute over 30.
- e. Phone calls to outside representatives for the client (attorney, doctor, etc.) will result in a fee of \$150 per 15 minutes.

**These rates apply for phone conversations with clients as well as with approved and authorized 3rd party contacts such as school teacher, lawyers, and primary care physicians. These rates are comparable to current insurance rates for face to face sessions.

2. Emails: (emails to the clinician with updates are welcome)

- a. Emails that require two or more responses in a 24 hour period will recommend a face to face session.
- b. At the third email response, a \$25 fee will be charged.

3. Letters (to be paid prior to delivery):

- a. 1st letter: \$75 (max. 2 pages)
- b. Additional letters: \$65 per letter (max. 1 page)
- c. Additional pages per letter: \$15

4. Court appearances/testimony:

- a. Court presence or taped disposition is subject to \$300 per hour including travel, waiting, and service time regardless of if clinician is subpoenaed or not, and is to be paid in advance of court appearance.
- b. \$150 for subpoena and \$10 per page for documentation and records, as well as, cost for reimbursement of notary. \$150 to be paid in advance, with additional pages being billed accordingly.

5. No Shows (with no prior notification):

- a. Up to \$125 when an emergency is not involved.

6. Request for copies of file:

- a. \$65 per copy.

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My signature below is free from pressure or influence from any person or entity and indicates that I have been informed of and understand the fees that are associated with supplemental clinical services that insurance companies and other third-party payers do not cover. I understand the fees will be billed directly to me, the client, and I agree to pay them.

Printed client name _____

Client/Guardian signature _____ Date _____

Provider signature _____ Date _____