



Hilary Woodman, LCSW
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Financial and Cancellation Policy

Policy

- 1) All payments should be made at the time of service via credit card, PayPal, Venmo, cash or check. If special arrangements need to be made, please let me know prior to the appointment and we can work out a payment agreement. A credit card will be requested at the initial assessment and I will keep it on file. I will not charge the card until I notify you with exception of the co-pays, which are dictated by your insurance plan. If you would like to make payments using another method, please notify me at the beginning of each session.
- 2) The late fee policy will be upheld without exception. The policy is part of the informed consent signed when starting in the practice. It reads: If you are delinquent with payment, there will be a \$25 late fee after 30 days, and assessed once a month thereafter until the bill is paid in full. For payment plans, please notify me and we can discuss how this will work.
- 3) Failure to cancel an appointment at least 24 hours in advance will result in an \$80 fee assessed to your account. The fee will be charged to your credit card for the missed appointment in the amount of \$80 unless otherwise discussed. Payment for the missed session will be requested on the same day of the missed appointment. Please notify me via text message if you need to cancel.

Fee Structure

The fee structure is as follows:

- \$150 individual Therapy per a 50-minute session
- \$200 Couples Therapy per 50-minute session
- \$225 Family Therapy per 50-minute session

I accept Aetna, Blue Cross Blue Shield of Georgia, Anthem, Cigna, Humana, and United Healthcare. Insurance and co-pays are dictated by your insurance provider. Your insurance will be verified by my billing representative. All co-pays are due on the date of your appointment. If there is a deductible, you will be responsible for the out-of-pocket cost, which will go towards your insurance deductible. The insurance company cannot be billed for missed appointments. If you have made financial arrangements for payment, we will evaluate every three months.

Please contact Hilary Woodman, LCSW (information above), or Jay Ginsberg (billing representative) at (404) 453-9234, with any billing questions or concerns. Signing this agreement also acknowledges permission for Jay to handle financial information and communicate with your insurance company regarding your care on behalf of you and me.

Signing signifies agreement to the financial policy above:

Client/Responsible party (please date, print and sign your name):

Date: _____

Printed name of responsible party _____

Signature of responsible party _____

Clinician Signature: _____

Hilary Woodman, LCSW