**Atlanta Center for Wellness**
Joanne Pulley, MS, LPC, NBCC
(404) 242-5612

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|---|---|---|
| **90832** | **30 minutes** | **$175.00** |
| **90834** | **45 minutes** | **$200.00** |
| **90837** | **60 minutes** | **$225.00** |
| **90837 + 90833** | **90 minutes** | **$275.00** |
| **90853 + 90785** | **Group Therapy** | **$65.00** |
| **90837 + 90785** | **Family Therapy 60 min.** | **$225.00** |
| **90839 + 90840** | **Crisis Therapy** | **$250.00** |

**While seeking reimbursement from your insurance company, I encourage you to contact them directly to make sure which codes are covered and what the reimbursement will be.**

**I do not file insurance but will give you a receipt at the end of session that you can submit directly to your insurance company. If you have out of network benefits, you may get reimbursed for part of our sessions.**

**All sessions must end within the time frame (including making payment and rescheduling) in order to not incur the next higher charge.**

**There will be a 3% courtesy charge for credit card payments if I swipe your card, 3.5% if your card is not present and I have to type in the information.**

**There will be a late fee of $25 per month for balances which are over 30 days old. The late fee will be added to your account on the first day of the following billing cycle and again on the first day of each billing cycle thereafter if the balance remains unpaid. If there is an extenuating circumstance, please discuss this with me. There needs to be a payment plan in place for any balance over 30 days old and a credit card on file as a guarantee of payment.**

**If making or changing an appointment by text or voicemail, please do not consider an appointment or cancellation confirmed unless you receive written communication back from me that I have received your message. I would appreciate the same confirmation back from you. If in doubt, please check with me. If you have not received my confirmation of missed or cancelled appointments, you will be held financially responsible for the session. All cancellations must be made with a minimum of 24 hours advance notice on weekdays and 48 hours on weekends.**

**If you have any questions about these policies and procedures, please let me know and I'll be happy to talk with you about them.**

**Patient/Responsible Party**_____

**Date** _____