Hilary Woodman, LCSW
Atlanta Center for Wellness
hilarywoodman@bellsouth.net
770-363-1576

Financial and Cancellation Policy

Policy

1) All payments should be made at time of service by form of 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 co-pays, which are dictated by your insurance plan. If you request to make payment 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 therapy. 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 24 hours prior to the appointment, will result in an $100 fee assessed to your account. The fee will be charged to your credit card unless otherwise assessed. Payment for the missed session will be requested the same day of the missed appointment. Please notify me via a text if you need to cancel.

Fee Structure

$175 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, Anthem, Cigna, Humana, First Health, and United Healthcare. Insurance and co-pay are dictated by your insurance company. Your insurance will be verified by my billing representative. All co-pays are due on the date of your appointment. If you have a deductible, you will be responsible for the out-of-pocket cost, and this will go toward your insurance deductible. Special financial arrangements will be evaluated every 3 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 the insurance company regarding your care.

Signing signifies agreement to the financial policy above:

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

Printed name: _____ Signature: _____

Clinician Signature: _____
Hilary Woodman, LCSW