

Sandra R. Champe, Ph. D.

Office Policies

Appointments

Psychotherapy sessions are 45 to 50 minutes in length. To meet the various requirements for charting, etc. and to maintain a timely schedule it is important to adhere to this schedule. If you are late for your appointment, we will need to end on time. Occasionally, I may be running late, if this is the case, you will be given the full appointment time of 45 minutes.

Extended sessions may be arranged in advance. If your insurance does not cover extended sessions, you will be responsible for the charge for an extended session, billed in 15 minute increments. My fee is \$150 per 45 minute session, or \$50 per 15 minute increment.

I realize last minute scheduling conflicts may occur, however my policy is to request 48 hours notice for cancellations or rescheduled appointments. Without this 48 hour notice, you may be responsible for paying my standard fee of \$150. This policy also applies to "no show" appointments. This is not covered by insurance and will be due at the next appointment. In case of illness or emergency this may be waived. Please note, if you come to the office obviously ill or contagious you will not be seen and will be billed for a missed appointment. In all situations I urge you to call or email me in advance to discuss your situation.

Fees for out-of-office psychotherapy sessions are based on my standard rate. Travel time is also charged at standard rate; pro-rated by amount of time. This is not usually billable to insurance.

Extended phone contact that is beyond 15 minutes, is billed at a pro-rated fee based on 15 minute increments. Telephone therapy sessions may be arranged in advance. These are billed in 15 minute increments and are not billable to insurance.

Payment Policies

We will verify your insurance for you and in most cases bill the insurance for you. However, the information provided by the insurance company is not always an absolute guarantee of payment. We do not know the exact reimbursement until we bill the insurance company.

Payment or co-payment is expected at time of service unless other arrangements are made in advance. At times it may be necessary to estimate co-pay amounts until a voucher is actually received from your insurance company. You are responsible for payment of any amounts applied by your insurance company to your deductible or co-pay or any amounts otherwise not covered by insurance. You are responsible for any insurance amounts not paid within 60 days of bill submission.

If your account is more than 60n days past due and no arrangements for payment have been agreed upon, the unpaid balance is subject to interest of 1.5 % per month. I reserve the option of using legal means to secure payment of any unpaid balance. This may involve hiring a collection agency or going to small claims court, which will require the disclosure of otherwise confidential information. In most collection situations, the only

**West Maple Family Counseling
5600 West Maple Road, Ste. D-410
West Bloomfield, MI 48322
(248) 339 6618**

information which will be disclosed is the name, address, phone number, nature of services provided and the amount due.

Communication

I carry a cell phone, 248-339-6618 and can usually be reached 24 hours a day. I ask that all non-emergency communication be during office hours if possible, via telephone, text or email. If it is an emergency please indicate it clearly in your message. If you do not reach me and feel you may harm yourself or someone else please call 911 or go directly to the emergency room of the nearest hospital.

Email is not secure, and is to be used primarily for messaging purposes and not as a substitute for therapy.

If you have any questions or concerns about these policies, please do not hesitate to speak with me. I look forward to our continued work together.