

# JOE KORT & Associates, PC

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## Policies for group psychotherapy:

1. **New persons** wishing to join a group must be interviewed by me in an individual intake appointment prior to entering group. This gives me an opportunity to know your current issues and background and allows you an opportunity to get acquainted with me as well. The cost of an initial evaluation is **\$200** and group **\$65** per week.
2. **All clients** in group make a commitment to attend weekly for a **minimum of six months** to promote stability of the group and to give themselves time to achieve their therapeutic goals. The group process allows insight into how character structure is formed in the original group—the family dynamics emerge from the unconscious that may not manifest in group sessions—but all this takes time.
3. **Payment** for professional services is expected at the time of each group session. Checks can be made out to **Joe Kort** and placed in an envelope with your name on it at the beginning of the session. You will then be given a receipt the following week in the envelope with the necessary information required to submit to your insurance company for reimbursement to you. **There is no direct billing with any insurance company.** If you do not make payment in group the night you attend you must place a note inside the envelope explaining why payment was not made. In other words, each week from your envelope I will either be taking out payment or a note and so there will not be an empty envelope. I also expect that you will take your receipts each week and that if you have a credit that you will make sure that when that credit has diminished you will be accountable for resuming payment. Payment must then be brought to the next group session.
4. **Missed Sessions:** Based on experience of what it takes to sustain a viable, thriving group milieu, I have a restrictive missed session policy. For group, there are *two missed sessions* allowed without charge per calendar year beginning in January. All other regularly scheduled group sessions are *your* financial responsibility. Because of this policy of paying for group sessions whether you attend or not, you also do not need to feel guilty or “made wrong” should you need or decide to miss a session. Your space will be held for you while you are gone. Absences that exceed more than **six yearly** are considered excessive and may prevent you from remaining in group.
5. **Many of** the costs of outpatient psychotherapy are covered by health insurance. **Please check with your insurance company.** It is crucial that you find out what **YOUR** individual coverage is. These companies most often will only provide you with the information regarding your coverage not me as the professional providing the services. The following guidelines will be helpful for inquiring about your mental health outpatient coverage for my services:

\* **Ask for details about your outpatient psychiatric/mental health coverage.**

\* **Ask if they reimburse for outpatient psychotherapy from a certified social worker with a Master’s in Social work and certified with the state of Michigan not affiliated with a clinic working independently. I have an MSW and a CSW (which is Michigan’s form of licensure for social workers).**

\***Ask if your policy has a requirement regarding licensure and degree (i.e. M.D., Ph.D., M.S.W, M.A. or does it require the clinician to be supervised by M.D. or Ph.D.).**

**\*If they provide coverage for my services then ask how much it pays per visit, do you have a maximum number of visits or maximum dollar amount per calendar year, how much is your deductible and will they reimburse you as you are paying the therapist directly and would need the insurance company to write their check to you.**

**6. Termination:** I would like to offer emotional support to all the phases of your work in therapy, including when you decide to leave therapy. I can support your decision to leave best if you give me and the group several weeks notice, (at least three), prior to your leaving. The notice allows you to leave well, having an experience of completion with the group and me.

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**Client Signature**

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**Therapist Signature**

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**Client Printed Name**

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**Date**

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**Date**