

# Michael Noll Counseling

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## Credit Policy

1. **A 24-hour notice is required for cancellation of any appointment, including your initial visit.** You will be charged for 'no-shows' and cancellations with less than a 24-hour notice. After two missed/late cancelled appointments services may be discontinued.
2. Prior to your appointment, **call your insurance company** and check your mental health benefits including deductible, co-payments, maximum benefits and any pre-certification requirements. Bring your insurance card(s) to each appointment.
3. Insurance benefits: You agree to provide us with all insurance carriers including (Wisconsin Forward, BadgerCare, Medical Assistance and HIRSP). If accurate insurance information was not provided to us during your initial phone call, services may be declined due to the inability to accommodate certain insurances.
4. Please bring your credit card and/or flex card number at the time of your appointment. We will not charge against your card until your insurance company notifies us of your responsibility or if there is a no-show fee. We will assume you want to make payment by credit or flex card unless you make alternative arrangements. All credit card information will be kept in a secure and confidential location. You retain the right to dispute any charges or payments with which you question or disagree.
5. Payment of your co-pays and deductibles are expected at the time of service. Payments may be made with cash, check, or VISA/Mastercard. If you cannot pay in full at the time of service, you must speak with our Billing Manager and set up a reasonable payment plan on your initial date of service.  
\*\* Non-payment for services and/or refusal to set up and follow through with a payment plan may result in immediate disruption of service.
6. For clients with no insurance benefits, please be prepared to pay in full at the time of service. A discount of 10% is available for payments made with cash or check for full amounts paid at the time of service.
7. A Finance Charge of 1.5% PER MONTH (equivalent to 18% per annum computed monthly) will be charged on account balances that are more than 30 days old.
8. As a courtesy to you, we will submit a claim to your insurance carrier for each charged visit. If it is necessary to re-submit a claim for any charge, we will do so one additional time only. Any balance not paid by insurance is your responsibility. If your insurance is unresponsive, interest will begin to accrue on unpaid balances 60 days from the initial date of service. At this point, we recommend you contact your insurance company and set up a payment plan with our Billing Manager 920-215-1553.
9. There may be a charge for telephone calls, at the provider's discretion. Most insurance companies do not pay for this service.
10. Divorce cases – In cases of divorce, the individual who receives care is responsible for payment of co-pays, coinsurance and nonparticipating insurance balances at the time of service. We are not required to follow divorce decrees.
11. Child custody cases – In the case where one parent has sole legal custody, we will only bill that parent. In the case where there is joint custody, the parent who brings the minor child in for services will be billed. The clinic does not get involved with divorce specifics, (e.g. one parent pays 80%, the other pays 20%). It is the parents'/guardians obligation to work out a satisfactory agreement between themselves or through the court system.

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I have reviewed the above terms and agree to comply with them

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Date