



# MasterMind Psychology, P.S.

## FINANCIAL INFORMATION

Our services are based on individual need. For those requesting an evaluation, services include: INTAKE, TESTING, SCORING, INTERPRETATION AND REPORT WRITING, CONSULTATION regarding the findings, and if needed TREATMENT. Some people will receive only evaluation or only treatment, depending on your needs.

PRIVATE PAY: Our private pay hourly fees are as follows: intake \$250 (38-52 minutes), evaluation \$220/unit (45-60 minutes/unit), and treatment \$175 (38-52 minutes) or \$220 (53-60 minutes).

IF YOU HAVE INSURANCE COVERAGE: In order to bill insurance companies for services, there must be a diagnosable mental health disorder. If you wish to use your mental health benefits, our office will bill your insurance company. We are unable to guarantee any payment from your insurance. You will be responsible for paying co-pays/co-insurances and any unmet deductibles at the time of service. Insurance companies vary as to the amount they reimburse healthcare providers for covered services. If our customary fees are greater than the amount allowed for reimbursement, we will not charge you the difference. When you enrolled in your insurance plan you signed a release of information form allowing them access to your records with us. The laws of Washington State (RCW 70.24.105) and HIPAA require caregivers to provide insurance companies those records if they ask for them.

CANCELLATIONS: \$25 fee for counseling visit canceled in less than 24 hours. \$50 fee for counseling visit no show/no call. \$100 fee for evaluation visit no show/no call. Insurance companies will not reimburse for a missed session. If you need to cancel an appointment after business hours, leave a message on our answering service. If you are late for your appointment you may still be charged for a full session.

OVERDUE ACCOUNTS: You will be asked to pay the portion that is 60 days overdue in full. Any required co-payment is expected at the time of service. After the insurance company has met their obligation an account maintenance fee of \$10 a month will be charged until the balance is paid, unless you are on a payment plan. Delinquent accounts will be sent to Spokane Credit Bureau Services. In the event of default, you agree to pay all attorney fees and other collection costs. Venue will be Spokane County.

CLIENT ACCEPTANCE: I have read, understand, and agree to the above stated policies. I give my informed consent for services and consent to provide information to third parties should collection action be required. (If you have any questions, please ask before signing.)

I give my permission to MasterMind Psychology, P.S. to bill my insurance company for services. I understand that MasterMind Psychology, P.S. will submit claims directly to my insurance company using "Signature on File" in box(s) 12 and 13 on the standard HCFA form.

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Client/Parent/Guardian's Signature Date

\_\_\_\_\_  
Print Name \_\_\_\_\_ Initial if you have Medicare