2026 Mindful Psychiatry Update Form

This is our 2026 Patient Information Update Form. Please complete it so we can keep your demographics and contact info current, confirm your insurance or self-pay status, verify your payment method, and confirm whether your existing Release(s) of Information should remain on file for 2026.

Patient Full Legal Name *

Patient Date of Birth *

Sex (Assigned)

Gender (Affirmed)

Demographics Update:

Has your name changed? If so, list here and send a new photo ID on Spruce *

Has your information changed? Please list any contact information changes here (preferred phone number, email, address, etc., as this ensures we can reach you for appointment reminders, billing questions, or care updates.): *

Are there any other changes you would like to notify our office of? *

Release(s) of Information

Do you need to make any changes to your existing Release(s) of Information on file with Mindful Psychiatry? *

- [ ] Yes
- [ ] No

By selecting no, you are agreeing for Mindful Psychiatry to renew the existing Release of Information(s) we have on file. You may message our office to see who you have listed for releases and at any point in time, you may remove any/all of these releases by submitting that request in writing.

If you selected Yes, please message our office and we will send you a new ROI.

Credit Card Update:

Do you need to update your credit card on file? (It is our policy to keep a valid, authorized credit card on file) *

- [ ] No
- [ ] Yes (If so, please go to your MYIO portal and enter your new card information directly into the Myio app.)

Health Insurance and Self Pay Update:

Are you using healthcare insurance or will you be self-pay for 2026? *

- [ ] Self-pay or out of network (please see self pay update)
- [ ] Health Insurance (please see health insurance update)

Self-pay Update (effective January 31, 2026)

By initialing below, you acknowledge you are aware our self-pay rates are based on the time spent with your provider. For appointments **on or after January 31, 2026**, our self-pay rates are:

- **$140** for a 10 to 15 minute Medication Visit
- **$180** for a 20 to 25 minute Medication and Counseling Visit
- **$250** for a 35 to 40 minute Medication and Counseling Visit
- Appointments running longer than this may be discussed with the provider

Self-pay evaluation rate remains the same.

Appointments scheduled before January 31, 2026 will be charged at the current self-pay rates.

By initialing below, you authorize and consent for your card on file to be charged 24-48 hours in advance for your appointment. You acknowledge that should you choose to not attend this appointment (no show, un-reachable at your appointment time, and/or late cancel without 48 hours notice), that you will still be charged for the provider's time reserved for the full appointment scheduled

Initial: * ×

Health Insurance Update:

Have there been any changes to your health insurance for 2026? *

- ☐ No changes. My insurance information for 2026 is the exact same as last year.
- ☐ My insurance has changed (please upload or provide a copy of your new card)

By initialing below, you agree to the following:

- If there have been insurance changes, I understand it is my responsibility to alert the office before my appt. I will enter my new health insurance information on my MYIO Portal BEFORE my upcoming appointment. Failure to do so may lead to my appointment being cancelled or my appointment being charged as self pay. I will provide a picture of the front and back of my new insurance card on Spruce. In the event I do not, I understand that any self pay charges or denials by my insurance due to late filing will be my responsibility.
- If there have not been any changes, I agree for Mindful Psychiatry to file insurance under the information we have on file from the previous year OR the new information provided through secure portal and communication.
- Should there have been changes to your insurance that have not been provided, you acknowledge responsibility to provide us with this information in a timely manner and you acknowledge responsibility for any payment not covered by your selected insurance plan.
- While we file with insurance as a courtesy, it remains your responsibility to know your insurance plan. As such:
    1. You acknowledge it is your responsibility to verify if your provider is in network with your insurance plan. Plan coverage and cost can change even if you are re-enrolling in the same plan.
    2. You acknowledge it is your responsibility to be aware of your benefits plan and the expected payment for your appointments.
    3. You understand that you are financially responsible for all charges not covered or paid for by your selected healthcare plan with your insurance carrier.

4. No Surprises Act. Should you have questions on the expected codes that will be submitted to your insurance, you are aware you may contact Mindful Psychiatry, and the possible expected codes will be provided. These billed codes are related to the complexity and length of your appointment with the provider, so we would provide a range which would ultimately be determined at the end of your appointment.

- Should your provider at Mindful Psychiatry not be in network with your new plan, you acknowledge responsibility to pay for your appointment at our Self Pay rates, which are listed above.
- By signing below, I authorize Mindful Psychiatry to charge the card on file for balances due.

Initial: * ×

Patient Consent To Treatment and The Use of Telemedicine

By initializing below, I do hereby agree and give my consent to the provider to furnish healthcare and treatment considered necessary and proper in diagnosing or treating my physical and/or mental condition. I have read and understand the information provided above regarding telemedicine, have discussed it with my provider, and all of my questions have been answered to my satisfaction. I hereby give my informed consent for the use of telemedicine in my medical care.

Initial: * ×

Patient Consent to Accept Responsibility for Account

By initialing below, I understand and agree to the following:

- I do hereby agree to accept responsibility for payment on this account.
- **No Shows, Unreachable at Appointment, or Cancel with less than 48 hours Notice:** I authorize and consent for my card on file to be charged within 24 hours due to missing, cancelling, or no-showing appointments.
- **Telemedicine and Attending Appointments:** With telemedicine, I understand it is my responsibility to check my telemedicine login/internet accessibility BEFORE my appointment time and to make sure I have my device charged, logged in, with wifi connection or good internet connection, and with the ringer on BEFORE my appointment time. Should there be any problems, I understand it is my responsibility to notify the office immediately IN ADVANCE of my appointment by calling or texting 321-638-6818. I understand that not being able to use the telemedicine portal during my appointment is the same as not showing up in person to an in-office visit, and if it is not possible to convert to a telephone appointment, this would count as being unreachable at my appointment time. I understand should I repeatedly miss or cancel my appointments, my provider may no longer be able to treat me due to not following my treatment plan.
- **Refills:** I authorize and consent for my card on file to be charged $35 to cover the provider's time when I make a refill request that is needed due to missing, cancelling, or no-showing an appointment. Some medications cannot be refilled without making and attending an

appointment.

- **Additional Services Not Covered by Insurance:** Should I request any additional services (such as letters or completion of forms), I hereby confirm that requesting services not covered by my insurance are my responsibility to pay and payment is due at the time of requesting the service. I authorize my card on file to be charged with my written or verbal consent, once given a quote for the requested service, at the time of requesting any additional services.
- **Vitals Checks, Questionnaire Forms, Use of Nurse, Medical Assistant, or Student:** I understand to assist in my care, my provider may need my vitals reported before my appointments. They may need me to complete certain forms and rating scales to assist in my treatment. They may utilize a nurse to assist with my plan of care and other measures, or to triage symptom reports, side effects, or medication questions as appropriate. I understand my provider may utilize a student to assist with my plan of care, given my permission
- **Failure to Keep Accounts in Good Standing:** I acknowledge it is my responsibility to respond to the office in a timely manner and keep my account in good standing. I authorize and consent to pay my balance in a timely manner. Should my card on file not work or should I not respond and pay my balance in a timely manner, I acknowledge that failure to respond to the office may result in cancelling any upcoming appointments -- especially in the event of repeated lack of response or failure to follow through and set up a timely payment.
- **Moves Out of State:** Should you move outside of the provider's state of licensure, you are aware you will need to transfer care to an in-state provider. As such, make sure you contact the office in advance to arrange an appointment before any moves – at which time, make certain you address any upcoming moves and refill needs PRIOR to any move out of state.

Initial: * ×

Continued Telemedicine:

At Mindful Psychiatry, we pride ourselves in prioritizing our patients' safety, confidentiality, and access to care. We are pleased to continue to provide telemedicine appointments for our patients.

As we enter 2026, all the insurance companies that our providers are in network with currently have notated that they continue to cover telemedicine appointments at parity.

Should this change, we will notify patients as soon as we receive notice from their insurance company, however, it remains the patient responsibility to know and report promptly to our office if their individual plan makes a change in their coverage of telemedicine.

Please help us in documenting one or more reasons you have found telemedicine to be beneficial to you and the reason(s) you are electing to continue telemedicine and opt out of in person visits.

By initialing and checking the reason(s) below, I am electing to continue treatment at Mindful Psychiatry through telehealth/telemedicine delivery and opting out of in person visits. I feel that due to these reason(s), telemedicine treatment is beneficial to my care, and I am electing to not attend an in person visit. I acknowledge Mindful Psychiatry will include this in my chart as the reason I am selecting to continue telemedicine treatment and not attend in person visits.

Please select ALL that apply: *

- [ ] Saves Time
- [ ] Less disruption to day
- [ ] Better access to care
- [ ] Less money spent on travel
- [ ] No need to arrange childcare
- [ ] Less time needed off work
- [ ] More private: no shared waiting rooms
- [ ] Other

Initial: * ×

Thank you for filling out your 2026 Mindful Psychiatry Update form! Please sign and date below.

Patient Full Legal Name *

Signature: * ×

Date:

If signed by Legal Representative other than patient, Please indicate your name and relationship to patient