

Fee Schedule/ Good Faith Estimate

Our office does not accept insurance but we will provide an itemized receipt for the payment collected. If you have out-of-network coverage you will be reimbursed accordingly by your insurance company. You can get further information about the coverage but contacting your insurance carrier. In order to estimate the cost of your treatment we have listed out fee schedule for our office. The frequency of the appointments will vary based on your response to the treatment.

The fee schedule/ estimated costs at our office are as follows:

- ✓ New patient Intake: \$500.00
- ✓ Follow up visits: As of December 1st 2021, follow-up appointments that last up-to 30 minutes will be \$200.00. Appointments that are more than 30 minutes, but less than an hour, will be \$250.00. For appointments that last longer than 60 minutes will be charged based on the complexity and case management. This could range from \$250.00 to \$500.00.
- ✓ Phone calls or email contacts between appointments: We do encourage you inform the office if there are any questions or concerns related to medication treatment. Based on the situation we may suggest you schedule an appointment. If there are changes made by phone, or email correspondence, you will be charged a full follow-up session after the third contact within the same week.
- ✓ Medications: You will be responsible for paying for the prescribed medication. Our office will provide assistance if your pharmacy-insurance plan requires a prior authorization. Please note that this could take 24 to 72 hours for the insurance carrier to provide a decision. There may be a fee based on the complexity. This could range from \$50.00 to \$250.00.
- ✓ Special requests: There may be additional fee for each form, letter and/or medical record request, based on the time and work involved. This could range from \$50.00 to \$500.00. Any requests for forms or letters that take less than 10 minutes does not require any charge.
- ✓ Gene-Test: Our office offers Gene Test. We will collect your insurance information upon the collection of sample. Your insurance will be billed directly by the company processing the test. We offer this during your regular follow-up session, hence, at this time we do not have any extra charge for this process.
- ✓ Cancellation/ No-Show fee: There will be a charge of \$75.00 for each cancelled or missed session unless notification is given 24 hours prior to appointment.
- ✓ Payment Return Fee/ Late Payment: There will be a \$35 fee added to your bill for each returned payment. There will be an additional fee for any balance outstanding for longer than 30 days of the service date.

I have read and I agree to the above.

Signature

Date

Relationship to patient (if not signed by patient): _____