

# **Patient Financial Agreement**

**Please fully read before e-signing the intake form and feel free to ask us any questions.**

Below are the maximum self-pay rates (if for some reason your insurance doesn't pay, these are the rates that you will be responsible for). You will be responsible for co-pays, co-insurance, or deductibles as directed by your insurer at the time of service.

## **Standard Rates:**

(insurance rates vary): **Psychiatric Evaluation (the first, hour long appointment)....\$257 max**  
**Second evaluation appt (if needed)....\$150 max**  
**Medication Management (follow-up appts)....\$110 max**

**Paid in full, not using insurance: Psychiatric evaluation \$175 Medication management \$90, second evaluation appt \$120**

**Missed appointment (or cancelled with less than an hour's notice)....\$50**

**Late cancellation (less than 24 hours)... waived the first time, \$40 subsequent times**

Returned checks....\$25 plus amount of check Repeated refills outside appointments....\$25

Paperwork completion (for school, disability, prior auth, etc)....\$25-50

Court/ legal testimony.... \$600/hr for every hour that you need me available

Giving insurance information after the date of appointment.....\$25 rebilling

**CREDIT CARDS:** The general requirement is that every patient needs to have a valid credit card on file with the office. Please ask if you need an exception to this policy. If you are using an HSA (health spending account), it is usually best to have a second card on file as backup, in case the HSA account is low on funds. In-person appointments are usually paid for when you check into the lobby. For telehealth, the card is generally run around 7-8am the day of your appointment; occasionally cards are run around the afternoon before the scheduled appointment. **We will not run cards more than 24 hours before your scheduled appt.**

If you need to change the card on file, please notify us in advance of the appt. If you cancel an appointment after we have charged your card, we will usually keep the amount paid as a credit for the next appt; but we are happy to send a refund check upon request.

We will reach out to you if you no-show an appointment, or if a repeated late cancel will result in the fee. If you wish to dispute it, please contact us quickly. Credit cards on file will be charged the no show or late cancel fee 48 hours after we reach out. A no-show is defined as not showing up in office/ on Zoom within 10" of the scheduled appt time and not contacting us by then if there is a tech issue (contact us via the portal).

If there is a credit on your account of more than \$40 (for example, overpaid copay), we mail out refund checks except as above. Credits of \$40 or less are kept for future appointments unless you request a refund.

Patient/Parent Responsibilities regarding billing:

- **Please remember that you have final responsibility for paying for appointments.** As a courtesy, we will work with your insurance to verify what they will or will not pay for. We will make reasonable efforts to collect from the insurance company, but if they do not pay within 60 days of the visit, you will be considered responsible for the payment.
- **You are ultimately responsible to know what your insurance covers and what services it has authorized.** Insurance benefits and claims is a complicated business; we will be happy to help you understand. You should ask your insurance the following:
  - Is there a separate company that handles the mental health part (some insurances “carve out” the mental health benefit to a different company)
  - Are mental health services covered? (Some insurances don’t. Will they only pay for certain diagnoses? Some exclude ADHD, etc). Since Danielle does medication management, some insurances consider this a medical service, some consider it mental health. You would need to ask your insurance company for details on how they handle claims.
  - If you have two insurance companies (i.e. through both parents), we **will bill only to the primary**. You will need to submit paperwork to the secondary (if necessary) to get further reimbursement. Which insurance is primary is decided by system-wide rules; you cannot decide which company is primary and which is secondary.
  - Is there a limit on how many mental health visits they will pay for in a year? If so, you will need to keep track of the number of visits you have used, especially if you are also seeing a therapist or attending group therapy.
  - Is authorization for medication management required? Usually, this needs to be obtained before the appointment. Companies often will not back date an authorization, and you will be responsible for the entire cost of the visit if the insurance doesn’t pay.
- If you have a change of insurance, please notify us of the details by completing another [Intake Form](#) online. If you inform us of the new insurance when your appointment is scheduled to begin (or the day of) you will be asked to reschedule or to pay the full fee. If you forget to tell us about new insurance until after the appointment, there will be a \$25 fee to resubmit the claim.

- Sometimes, an insurance company will contact you for more information. Insurances may request proof that someone is a legal dependent or if you do/do not have a secondary insurance, and they will not pay for anything until you provide them with proof. **You must send them the information or call them quickly.** Many times insurances will refuse to pay the claim if you do not send them the requested info within two weeks. Please call us and keep us updated on your efforts.
- Delinquent accounts are subject to referral to collection agencies and interest at a rate of 10% per annum will apply for balances over 60 days old.

(This policy revised 11/2022)