



Terms of Service

Welcome

Sapient MD aims to provide the highest-quality integrative psychiatric care at an accessible price for individuals from all socioeconomic backgrounds. We invite patients to make informed choices about their care and support this through education, transparency, and collaboration.

We strive to explain the scientific rationale behind treatment options and engage in regular discussion about risks, benefits, side effects, and alternative approaches. We see patients as partners in their healing.

Financial & Billing Policies

Sapient MD does **not** participate with insurance or Medicaid/Medicare, as these systems can restrict access and quality of care. All services are billed directly to the patient on a monthly advance basis based on treatment stage and frequency of visits. We can provide Superbills, on request, for patients with health insurance other than Medicaid/Medicare.

New Patient Billing Schedule

First 3 months:

- Initial evaluation (60 min): **\$600**
- Two monthly follow-ups (30 min each): **\$300 per visit**

After 3 months, if both patient and provider agree to continue, billing transitions to the Established Patient Membership Model.

Established Patient Membership Model

Based on 30-minute visits (minimum 2 in-person visits/year for medication monitoring):

- Twice yearly (every 6 months): **\$50/month** (includes quarterly phone check-ins)

- Three times yearly (every 4 months): **\$75/month**
- Four times yearly (every 3 months): **\$100/month**
- Six times yearly (every 2 months): **\$150/month**
- Monthly visits: **\$300/month**

Additional Work

Extra visits, letters, or paperwork are generally pro-rated at **\$600/hour**. On request, we do offer standard pre-form letters for \$50, shorter custom letters at \$150, and lengthy letters as-agreed on with an individual beforehand or pro-rated as above.

Please note: As we are an opt-out entity with Medicare and Medicaid, those programs will not reimburse for any services at Sapient MD.

Client Rights

You are entitled to:

- Information about your provider's credentials
- Clear explanation of fees and billing
- Freedom to seek a second opinion at any time
- Freedom to terminate care at any time

Confidentiality

Information shared in treatment is legally confidential and privileged under Colorado law, with standard exceptions including:

- Suspected abuse/neglect of a child, elder, or dependent adult
- Imminent risk of harm to self or others
- Court order under specific statutory conditions

More details: Colorado Revised Statute 12-43-218.

Privacy Preferences

Sapient MD does not work for insurance or participate in insurance-based HIPAA, but we take privacy seriously.

Please indicate your preferences directly with our office:

- Email communication
- Phone calls
- Text messages
- Voicemail
- Emergency contact (name/phone)
- Any additional communication preferences

Court Testimony & Scope of Practice

Providers at Sapient MD do **not** offer:

- Parenting recommendations or custody opinions
- Forensic evaluations or predictions of future behavior
- Disability evaluations

If subpoenaed to testify, providers may only speak to **clinical facts** observed during treatment.

All preparation, travel, and testimony time is billed at **\$600/hour**.

Letters for jury duty, emotional support animals, or other matters are considered at provider discretion; fees may apply.

Late Arrival, No-Show, and Cancellation Policy

To respect all patients' time and maintain an efficient schedule, Sapient MD follows the policies below:

Arrival Time

Please arrive **10 minutes prior** to your appointment to allow for check-in and preparation.

Late Arrivals

If you arrive **more than 5 minutes past** your scheduled appointment time, your appointment may need to be **rescheduled** to avoid disruption to subsequent patients.

Cancellations

Please reschedule or cancel **at least 24 hours in advance**.

No-Show Policy

Failure to attend a scheduled appointment without prior notice is considered a **no-show**.

Late/No-Show Consequences

- **First occurrence:** Courtesy reminder of policy.
- **Second occurrence:** **\$100 fee** charged to your account.
- **Third occurrence:** **\$300 fee** and a discussion regarding possible termination of services.

Thank you for helping us maintain consistent, high-quality care for all patients.

Termination of Care

You may terminate care at any time.

For monthly membership plans, **30 days' written notice** is required to stop further charges.

Providers will offer up to **30 days of medication refills**, when clinically appropriate, to ensure continuity of care.

We wish you well and will assist in transitioning your care as needed.

If you have any questions or would like additional information, please ask.

I have read the preceding information, consent to treatment as a partner in decision-making, acknowledge my personal responsibility to maintain informed consent for treatment, consent to the billing policy as-outlined above, and I understand my rights as a client/patient.

Patient Name

Date

Patient Signature

Date of Birth

Parent/Guardian Name

Date

Parent/Guardian Signature

Date of Birth

Provider

Date