

# PAYMENT POLICY AGREEMENT

Thank you for the opportunity to help you meet your mental health goals. This Payment Policy Agreement is designed to help Grover MD Psychiatry provide the most efficient and reasonable health care services. Therefore, it is necessary to have a Payment Policy Agreement stating Grover MD Psychiatry 's requirements for payment for services provided to patients.

## DR. DOUGLAS GROVER PROVIDES OFFERS A FEE-FOR-SERVICE MODEL OF CARE

You agree to pay for services and fees as outlined in this PAYMENT POLICY AGREEMENT section. You are responsible for full payment, whether your insurance company ends up paying partially, or not at all, for services rendered. I do not communicate with insurance companies directly.

You are financially responsible for all charges, whether or not:

- Insurance pays for any services
- We decide to proceed with treatment
- Treatment is successful, for which there cannot be any guarantee

Dr. Grover is considered an "Out-of-Network" Provider. Some insurance companies will pay for services from "Out-of-Network" Providers, but there is no guarantee that your insurance company will pay for services. You are responsible for paying the total amount billed for each session, regardless of whether your insurance company pays. Dr. Grover does not accept Medicare or Medi-Cal as forms of payment (Non-Participating Provider).

Furthermore, Dr. Grover is not responsible for any communication with insurance companies. This includes, but is not limited to, generating insurance claims, disputing reimbursements, or completing prior authorization forms for medications, laboratory studies, or other diagnostic studies recommended by Dr. Grover. You will be able to generate an insurance claim for yourself through Luminello, Inc., the electronic medical record (EMR) system used by Dr. Grover. If needed, Luminello has a user- guide to help you generate an insurance claim that you can submit to your insurance company.

There is no guarantee that your insurance company will reimburse you for the services provided by Dr. Grover. You will be considered a self-pay patient during the entire course of treatment with Dr. Grover.

- Payment is due at the time of your scheduled appointment.

**REFILL FEE:** A refill fee of \$35.00 will be charged for scheduled II or scheduled III medications (see Practice Policy Form) that are requested outside of a scheduled appointment and/or when no follow up appointment is scheduled within two weeks of the date requesting a refill. If you need a refill for any schedule II or III medication and it's within 2 weeks of your scheduled follow-up appointment there will be no charge.

### Rates for Services (subject to change)

- Initial Consultation (approx 75 Minutes)..... \$300.00
- Follow Up Visit, (approx 30 Minutes).....\$150.00
- Follow Up Visit, (approx 60 Minutes).....\$300.00
- Phone Calls/Paperwork.....\$5.00/min

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Unless other arrangements have been made, the rates above apply.

## Luminello Messaging

Messaging Dr. Grover directly via Luminello messaging will remain free of charge. If you have questions that cannot be answered in a quick response, please schedule a follow up visit using the online scheduling tool.

## Profile Information and Credit Card/Debit Card Information

Please be sure to keep your profile up to date. If you have a change of address, email, insurance, phone number, or emergency contact, please update this in your Luminello profile. An up-to-date Credit Card or Debit Card is required at all times. Please keep this updated by using the "billing" tab within your Luminello portal.

## ACCEPTED METHODS OF PAYMENT

- Cash
- Check/Money Order
- Credit Card/Debit Card
- Venmo (@grovermdpsychiatry)
- Zelle (douglas@www.grovermdpsychiatry.com)

## CREDIT CARD | DEBIT CARD INFORMATION

### Why do I have to provide my credit card or debit card information?

Your Credit Card or Debit Card information is kept in your secure file for the entire duration of treatment. Your credit card or debit card will only be charged for late payment fees, no show/cancellation fees if applicable, or failure to make a payment. All fees listed below DO NOT INCLUDE additional credit card/debit card processing fees.

### What are all the potential Fees I could incur during my treatment?

**Cancellation/No Show Fee:** Not showing up to a scheduled appointment AND/OR canceling an appointment less than 24 hours of your scheduled follow up appointment may be subject to your credit or debit card being charged for the full fee of the visit. If greater than 10 minutes late, your appointment is not guaranteed.

**Late Payment Fee:** Failure to make a payment within 48 hours after your scheduled appointment time will incur a Late Payment Fee of [\$25.00]. Failure to make a payment within five (5) days after your scheduled appointment will result in your credit card or debit card being charged for the Late Payment Fee plus (+) the price of services rendered.

**\*\*Failure to pay after one week of payment due date may result in termination of care, referral to another physician, and payment may be sent/sold to a third party collections agency.\*\***

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## **ATTESTATION**

By signing below, you confirm you have read and understood the Grover MD Psychiatry P.C. "Practice Policies" and the "Payment Policy Agreement" and you agree to all of the terms and conditions. If your insurance does not reimburse for services provided by Douglas Grover M.D., you understand that you are responsible for payment of all services rendered.

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Patient, Parent or Guardian Signature

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Date

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Patient Name (Please Print)