

Bryan C. Shelby MD JD LLC

Fees and Cancellation Agreement

Fees/Insurance/Medicare: My practice operates on a fee-for service basis. This means that your fee for each session will be due each session. In certain circumstances we can arrange a billing or other payment situation. I require a credit card to be kept on file to charge for any outstanding balances over 30 days. I accept personal checks, credit cards cash, or direct electronic transfers. Fees are as follows and subject to change with notice:

-New Patient Evaluation and/or Consult	Two 50-minute sessions	<u>\$1000</u>
-Psychotherapy or Family Therapy	45-minute session	<u>\$425</u>
-Medication management/monitoring	25-minute session	<u>\$275</u>
-Other time spent for professional services including-but not limited to-forms, reports, prior authorizations, letters, treater meetings, interactions with attorneys, insurance representatives, time related to legal matters, court testimony, preparation for court testimony and records review.		<u>\$275 per 25 minutes</u>

My time is billed at (\$275), in 25-minute increments starting from the time the call or work began, even if the full 25 minutes are not used. This also applies to time spent on other professional services such as time on the phone with your insurer, prior authorizations, meetings and also time filling out of forms or letters. If I am needed for court, fees may include time lost for cancelled sessions, time for preparation, travel, or waiting, even if the need for testimony is cancelled. Also, if your account is seriously overdue, and arrangements for payment have not been agreed upon, I have the option to use legal means, including a collection agency and/or legal action in court, to collect the overdue amounts. Any costs associated with collection/legal means will be included in the claim. The confidentiality of information regarding your treatment and diagnosis will be protected

This practice does not directly deal with insurance companies and is considered an out of network provider, however, a statement with the applicable information can be provided so that your bill can be submitted to your insurance company. If a prior authorization is required, at your request, I will contact the insurance company, however, I may charge the applicable pro-rated session rate for any time I spend communicating with your insurance company. I have opted out and do not participate with Medicare or Medicaid. IF you are Medicare or Medicaid eligible, **you agree, understand and acknowledge that you will not submit a claim to Medicare/Medicaid programs for services provided by Dr. Shelby.**

Telephone calls: I am glad to answer occasional short calls or messages (i.e. 5 minutes) during regular business hours in between sessions. There is no fee for these brief matters during regular business hours or short-calls related to emergencies. If we need to spend more time to handle a difficulty that has arisen or a non-emergency call after hours, they can be considered phone or regular sessions and may be charged at my usual rate. Billing of phone sessions is different from in-person sessions, so your insurance may not be able to offer you similar reimbursement

Cancellation: Barring certain urgent matters or emergencies, I will be ready to see you at our scheduled time. Because of this, I ask that you provide me with notice at least 24-hour prior to cancellation. **For cancellations less than 24 hours before appointment or without notice (no-show), it is my policy to charge for our full scheduled session.** Exceptions on a case-by-case basis may be made depending on the circumstances.

Signature of Patient or Parent/Guardian

Date

(Signing this document indicates that you have read and agree to the above, and that you have been given a copy of both the **Notice of Privacy Practices**, and the **Practice Policy and Informed Consent**, and agree to these policies)