

## **“Essential Wellness” Psychiatric Subscription Plan: Policies and Payment Plan**

### **Introduction**

At New Horizons Psychiatry, we understand the importance of accessible mental health care. To accommodate the financial needs of our patients, we offer a flexible payment plan for our psychiatric services subscription.

### **Subscription Plan Details**

Our psychiatric services subscription plan includes:

- One initial psychiatric evaluation.
- Up to 4 follow-up visits.

### **Plan Period Duration and Start Date:**

The "Essential Wellness" Psychiatric Subscription Plan is active for 365 days from the date of signing. For example, a sign-up on March 15th, 2023, will expire on March 14th, 2024.

### **Additional Services for Optimal Care:**

At New Horizons Psychiatry, our primary goal is to ensure each patient receives personalized psychiatric care. While our “Essential Wellness” Psychiatric Services Plan is designed to cater to the general needs of most patients, individual care requirements can vary.

### **Why Additional Appointments May Be Necessary:**

For some patients, the frequency of the included visits may not be enough to address specific concerns, ongoing treatment adjustments, or sudden changes in mental health status. In such cases, additional appointments can be pivotal in providing timely and effective care.

### **Available Additional Services:**

- Follow-up Visit with NP: \$100 - Ideal for brief check-ins, minor medication adjustments, or addressing specific concerns that may arise between regular visits.
- Extended Follow-up Visit with NP: \$175 - Suitable for more in-depth discussions, comprehensive treatment reviews, or if you've experienced significant changes in your mental health.

While our team will always provide recommendations based on your individual needs, the decision to schedule additional appointments remains at the discretion of the patient. Our commitment is to ensure that every patient has the opportunity to receive the level of care required for their unique situation.

### **Pricing**

The cost of the “Essential Wellness” Psychiatric services subscription plan is \$815 for a 365-day period.

### **Payment Options**

We offer three payment options to suit your financial preferences:

1. One-Time Payment (10% Discount):
  - Pay the full subscription amount upfront and enjoy a 10% discount.
  - 1 payment of \$733.50 due on sign date
2. Quarterly Installments (4 Payments):
  - Payment Amount: Each quarterly installment is \$203.75.
  - Payment Schedule:
    - First Payment: Due at the time of signing.
    - Second Payment: Due on the 1st of the month starting the next full quarter after the signing date. For example, if the signing occurs in February, the next full quarter starts in April, making the second payment due on April 1st.
    - Third Payment: Due on the 1st of the month, 3 months after the second payment.
    - Fourth Payment: Due on the 1st of the month, 6 months after the second payment.
  - Quarterly Start Dates:
    - 1st Quarter: Begins on January 1st
    - 2nd Quarter: Begins on April 1st
    - 3rd Quarter: Begins on July 1st
    - 4th Quarter: Begins on October 1st
3. Monthly Installments (11 Payments):
  - 1<sup>st</sup> Payment (Due on sign date) \$135.90
  - 10 monthly payments of \$67.91
  - Payments are due 1<sup>st</sup> of each month

For monthly and quarterly payment plans, if the 1st of the month falls on a weekend or holiday, the payment will be due on the next business day.

### **Payment Methods**

We accept most major US credit/debit cards as well as HSA/FSA cards.

### **Late Payments and Service Disruption**

If a payment is not made by its due date, a late fee of \$50 may be added to the outstanding amount. After a missed payment, you will receive a notification reminding you of the outstanding amount, including any late fee incurred. Continual non-payment or significant delays in payment may lead to a temporary disruption in care. Once any outstanding payments, including late fees, are settled, your services can resume. However, multiple instances of non-payment may require adjustments to payment plan or schedule to prevent future disruptions.

### **Subscription Cancellation**

Clients who wish to cancel their subscription plan and request a refund must submit a written cancellation request to our office via patient portal or email at [Help@newhorizonsky.com](mailto:Help@newhorizonsky.com). The cancellation request should include the client's full name, subscription plan details, and a brief

reason for cancellation (optional). For monthly & quarterly installment plans, we require a 7-day notice before your scheduled payment date to process the cancellation.

### **Refunds for Early Cancellation**

Clients who opt for the one-time payment option with a 10% discount can still receive a prorated refund if they choose to cancel their subscription before it expires. The refund calculation for the one-time payment is based on the number of days remaining in the 12-month subscription period. The 10% discount remains non-refundable.

The formula for calculating the refund amount for the one-time payment is as follows:

$$\text{Refund Amount} = (\text{Total Amount Paid} - 10\% \text{ Discount}) \times (\text{Remaining Days} / 365)$$

### **Processing Time**

Refunds will be processed within 10 business days from the date of receiving the written cancellation request.

### **Refund Method**

Refunds will be issued using the same payment method used for the original payment. If the original payment method is no longer valid, the client will be contacted to arrange an alternative refund method.

### **Unused Visit Rollover and Refund Policy:**

- Unused visits in the Essential Wellness Psychiatric Services Plan can be rolled over into the subsequent year upon plan renewal.
- A maximum of two unused visits is eligible for rollover.
- Rollover visits can be used during the next plan period.
- Unused visits are non-refundable.
- Patients who do not renew their plan forfeit unused visits.

### **Plan Renewal**

- Approximately 30 days before the end of your subscription, you will receive a renewal notification detailing the renewal process and any updated terms or prices for the upcoming period.
- To renew, simply follow the instructions provided in the notification or contact our office directly.

**Pricing Adjustments:** We are committed to providing the best psychiatric care at affordable rates. However, prices may be subject to change upon renewal. Any price adjustments will be clearly communicated in your renewal notification, ensuring you have all the information needed to make an informed decision. If plan is not renewed, future visits will be charged at self-pay rate.

### **Patient Dismissal:**

At New Horizons Psychiatry, we prioritize a collaborative and respectful relationship with our patients. However, there are circumstances where a patient may be dismissed from our practice based on specific criteria. For a comprehensive understanding of the grounds and procedures for patient dismissal, please refer to our detailed "Patient Dismissal Policy."

### Contact and Support

If you have any questions or require assistance with your payment plan, please contact our office by phone at (502) 395-3397 or by email at [help@newhorizonsky.com](mailto:help@newhorizonsky.com)

### Payment Option Selection and Agreement

Please select your preferred payment option:

- One-Time Payment (10% Discount):** I choose to pay the full subscription amount upfront and understand that I will receive a 10% discount. Total payment due: \$733.50
- Quarterly Installments (4 Payments):** I choose to pay in quarterly installments. I understand the payment schedule as detailed above. 4 payments of \$203.75.
- Monthly Installments (11 Payments):** I choose to pay in monthly installments. I understand the payment schedule as detailed above. 1<sup>st</sup> payment (Due at signing) \$135.90 and 10 monthly payments of \$67.91.

### Agreement to Terms

By signing below, I acknowledge that I have read, understood, and agree to the terms and conditions of the "Essential Wellness" Psychiatric Subscription Plan as outlined in this document. I understand my payment obligations and the services provided under this plan. I also understand the consequences of late payments and the policies related to subscription cancellation and refunds.

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Client Printed Name:** \_\_\_\_\_

At New Horizons Psychiatry, our dedication lies in offering high quality psychiatric care that is both accessible and affordable. We pride ourselves on delivering unparalleled care to each of our clients. If you have any questions or need further information, please feel free to contact our office at (502) 395-3397 or via email at [help@newhorizonsky.com](mailto:help@newhorizonsky.com)

Thank you for choosing New Horizons Psychiatry as your mental health care provider.

Warm regards and welcome,

The New Horizons' Team