#### **PAYMENT POLICIES**

#### <u>Insurance</u>

We will bill contracted insurance companies as a courtesy to you. Although we may estimate what your insurance company may pay, the insurance company makes the final determination of your eligibility.

**Claims Submission**: We will submit your claims and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether your insurance company pays your claim. Your insurance benefit is a contract between you and your insurance company.

**Co-Payments and Deductible:** All co-payments, deductibles & co-insurance must be paid at the time of service. This arrangement is part of your contract with your insurance company.

**Proof of Insurance:** All patients must complete our patient information form before seeing the provider. We require a copy of your driver's license and current valid insurance to provide proof of insurance. If you fail to provide us with the correct insurance information in a timely manner, you will be responsible for the balance of a claim.

**Coverage Changes**: If your insurance changes, please notify us before your next visit so we can make the appropriate changes to help you receive your maximum benefits.

**Methods of Payment:** We accept payment by cash, check, Visa and MasterCard. Returned check fee is \$25.00 and will result in your inability to use this form of payment for future visits.

#### Cash Pay/Out of Network Insurance Patients

If we do not accept your insurance, or if you do not have insurance, you are required to pay in full at the time of your appointment. We will provide you with a superbill at close of the session which you can use to submit to insurance if we are an out of network provider.

#### **Patient Statements**

If you have unpaid balance you will receive a statement by mail monthly. The statement amount is due and payable when the statement is issued, and past due if not paid upon receipt. Interest Balances over 60 days will be charged 8% interest, for every additional 30 days overdue. All payments made go to the oldest outstanding balance.

## Form Completion

Requested form completions (Letters, FMLA, etc.), will be charged based on clinician time involved with a minimum \$50.00 paperwork fee assessed. Please allow 7-10 business days.

## **Record Transfers**

There is a \$40.00 fee to transfer patient records to other providers, due from the patient before the records will be sent.

#### **Prior Authorizations**

Our office will assist you in obtaining a prior authorization for your medication if needed. You will be responsible for any copayments or deductibles per your insurance contract.

#### <u>Other</u>

After Hour/Emergency Fees: Appointments required after normal office hours may be assessed an emergency fee of an additional \$350.00.

Phone consultations: A fee for extended telephone conversations beyond 10 minutes may be assessed at the hourly rate of \$175.00 per hour.

## **APPOINTMENTS/CANCELLATIONS**

Please give at least 24-hour notice (1 business day, weekends do not count) if you need to cancel or reschedule your appointment.

We will ask to have a credit card on file when you attend your first appointment. If you no-show or cancel less than 24 hours in advance (or weekend prior to a Monday appointment), you will be charged \$195 and may forfeit your right to be seen in the future.

Plan to arrive early. Late arrivals may lose appointment times and will need either to reschedule or wait to be seen after other patients.

Multiple late cancellations, no-shows and other forms of non- compliance with treatment may result in termination of services.

## **MEDICATIONS/PRESCRIPTIONS**

A comprehensive psychiatric evaluation with Elizabeth Walton, PMHNP is required in order to receive a prescription for medication.

Please bring all medications, supplements and over the counter medications you are taking with you to each appointment.

If it has been six months or longer since your last appointment, you will need to be seen for a reassessment before medication will be prescribed.

Refills requests should be made through your pharmacy. Prescriptions are not refilled on weekends, holidays or after 3pm on Fridays. Please allow 72 hours for all prescription refills. Prescriptions requiring insurance pre-authorization may take longer.

If you miss or cancel an appointment, it is at the providers discretion whether to write a prescription for refills.

Controlled substances (stimulant/ADHD meds, benzodiazepines, buprenorphine, etc.) will not be refilled after hours, on Fridays or on weekends/holidays. Early refills on controlled substances are not permitted. Lost or stolen controlled substance prescriptions will not be refilled early.

# **OFFICE POLICY AND ETIQUETTE**

We are a non-smoking facility.

We do not allow weapons of any kind inside our building. This includes but is not limited to firearms, knives, razors, etc.

If you act in a violent, disruptive or threatening manner, you will be asked to leave the office and may be discharged from services at the provider's discretion. If you refuse to leave when asked, the police may be called for assistance.

For the privacy of all our patients, please limit the family members brought to appointments.

Please turn off your cell phone during appointments.

For the health and comfort of our patients and providers, please limit the use of strong perfume or cologne before scheduled appointments.

Please, do not take any photos on facility property. This ensures the privacy of all our patients.

I agree to adhere to these policies:

**Patient Signature** 

Date

--Mindworks Wellness LTD