

SHEBDEB PSYCHIATRY & BEHAVIORAL HEALTH

PATIENT FINANCIAL POLICY

Effective Date: _____

1. INSURANCE / INSURANCE-BILLED SERVICES

ShebDeb Psychiatry & Behavioral Health may be contracted with various insurance companies. Insurance participation is subject to change, and individual insurance plans differ in benefits, exclusions, cost-sharing requirements, and coverage limitations.

Not every insurance policy covers every mental health service or every method of providing services, including telepsychiatry. If you intend to use insurance benefits for treatment, you should contact your insurance company and confirm exactly which mental health services are covered.

Before receiving telepsychiatry services, it is especially important to verify that your specific plan covers telepsychiatry. Some plans cover psychiatric services generally but impose separate requirements or limitations on telehealth services.

Although ShebDeb Psychiatry & Behavioral Health will provide reasonable assistance with insurance-related matters, the patient—not the insurance company—is ultimately responsible for payment of any balance that insurance does not pay for any reason. If your insurance coverage changes, you must promptly notify the practice and provide updated information.

Once ShebDeb Psychiatry & Behavioral Health has the necessary insurance information, the clinician can discuss the benefits that may be available and what may occur if those benefits are exhausted before treatment is complete. Patients may elect to pay privately for services when permitted by their insurance arrangement.

Insurance companies may require a clinical diagnosis and information about services rendered. Depending on the request, additional clinical information such as treatment plans, summaries, or portions of the clinical record may be required. When disclosure is necessary, every reasonable effort will be made to provide only the minimum information necessary for the stated purpose. Information submitted to an insurer becomes part of that insurer's records, and ShebDeb Psychiatry & Behavioral Health cannot control how the insurer subsequently handles information within its systems.

2. ADDITIONAL PROFESSIONAL SERVICES

Professional services that require substantial clinician time outside a routine scheduled appointment may be billed on a prorated basis. Examples include extended telephone consultations, substantial patient-related electronic communications, report preparation, meetings or conferences, disability or other paperwork, letters, treatment summaries, and significant coordination of care.

Patients are responsible for copayments, deductibles, coinsurance, and other charges that are not covered by their insurance carrier.

3. INSURANCE INFORMATION MUST BE KEPT CURRENT

Please notify ShebDeb Psychiatry & Behavioral Health immediately whenever your insurance coverage changes. Failure to provide new or updated insurance information may cause an insurance claim to be denied, in which case the applicable ShebDeb Psychiatry & Behavioral Health out-of-pocket rates may become the patient's responsibility.

4. OUT-OF-POCKET TRACK — PSYCHIATRIST SERVICES

The following self-pay fees apply to appointments with a psychiatrist:

Fee Schedule — Psychiatrist

60-minute appointment — \$500 per session for patients age 18 and older; \$600 per session for patients ages 0–17.

30-minute appointment — \$250 for patients age 18 and older; \$300 for patients ages 0–17.

60-minute appointments may consist of an initial evaluation intended to obtain historical information regarding treatment and life circumstances, or an hour-long visit involving psychotherapy and medication management.

30-minute appointments consist of approximately 15–20 minutes of face-to-face clinical care, with approximately 10 minutes allocated to documentation and other clinician management tasks.

Other telephone calls and email communications with the clinician that require significant time may be treated as consultations and charged accordingly.

Care coordination performed on behalf of a patient that requires a significant amount of clinician time may result in an additional charge.

Disability documentation and other substantial or extraneous documentation may result in an additional charge.

Professional services requiring significant clinician time are charged at \$500 per hour.

5. OUT-OF-POCKET TRACK — PSYCHOLOGISTS / PSYCHOTHERAPISTS

For appointments with mental health professionals in this category, the following rates apply:

\$300 per hour for doctoral-level psychologists.

\$250 per hour for master's-level psychotherapists.

Discounted rates may also be available at \$200 per hour for psychologists and \$150 per hour for master's-level psychotherapists.

6. OUT-OF-POCKET TRACK — NURSE PRACTITIONERS

The out-of-pocket fee for appointments with a nurse practitioner is \$150 per appointment. Providers must be appropriately licensed in the state in which services are provided.

7. OUT-OF-NETWORK INSURANCE REIMBURSEMENT

An insurance company may reimburse only part of ShebDeb Psychiatry & Behavioral Health's fees. Patients should contact their insurance company to determine whether they have out-of-network mental health benefits and what reimbursement requirements apply.

To obtain reimbursement, an insurer may require a clinical diagnosis and information regarding services provided. The insurer may also request additional clinical information, including treatment plans, summaries, or copies of the clinical record. When disclosure is required, ShebDeb Psychiatry & Behavioral Health will make reasonable efforts to release only the minimum information necessary for the requested purpose.

Patients should understand that information submitted to an insurance company becomes part of the insurer's records. Although insurers generally state that such information is kept confidential, ShebDeb Psychiatry & Behavioral Health cannot control the insurer's subsequent use or handling of information.

8. CANCELLATION, LATE ARRIVAL, AND MISSED APPOINTMENTS

Appointments are reserved specifically for each patient. If a patient arrives too late to allow adequate time for appropriate care, the patient may be asked to reschedule.

Missed appointments and late arrivals interfere with the patient's ability to receive appropriate care and prevent another patient from using the reserved appointment time. Accordingly, the patient may be financially responsible for the scheduled appointment as specified in this policy.

A \$75 cancellation/no-show fee will be charged when an appointment is not canceled at least 24 working hours before the scheduled appointment time. Weekends and holidays are excluded when calculating the 24-working-hour notice period.

The cancellation/no-show fee applies to both insurance and out-of-pocket payment tracks and is not generally covered by insurance.

For appointments scheduled within 24 working hours of the appointment time, the patient is automatically subject to this cancellation policy.

Only documented emergencies may qualify for a waiver or reduction of the cancellation/no-show fee, at the sole discretion of ShebDeb Psychiatry & Behavioral Health.

9. PAYMENT METHODS AND PAYMENT PROCESSING

ACH / bank payment is preferred because it generally provides the lowest-cost payment option for patients.

Credit and debit cards are accepted. A 3% processing fee may be passed on to the patient for credit/debit card transactions.

Checks and cash may be accepted, but they are not preferred. A \$50 paper check/cash handling fee applies to each check or cash transaction.

Charges to credit/debit cards and ACH payments are processed within three business days of the applicable appointment or service.

Payments are applied first to any prior unpaid balance and then to current charges.

By providing payment information and signing this policy, the patient authorizes ShebDeb Psychiatry & Behavioral Health to charge the payment method provided for applicable outstanding charges and agrees to pay all amounts due on the patient account.

10. FINANCIAL HARDSHIP / DISCOUNT REQUESTS

ShebDeb Psychiatry & Behavioral Health may offer discounted rates when a patient demonstrates financial need. Requests for financial assistance or a discount should be submitted to the practice's finance/administrative team with appropriate documentation of financial need.

Individual clinicians do not have independent authority to grant discounts or negotiate lower rates with patients outside the practice's established financial policy.

11. MEDICAID / MEDI-CAL AND SECONDARY INSURANCE

ShebDeb Psychiatry & Behavioral Health and its clinicians do not accept or participate in MEDI-CAL or MEDICAID programs.

If a patient has Medicaid or Medi-Cal as secondary insurance, the patient remains solely responsible for charges not paid or covered by the patient's primary insurance.

12. INSURANCE BENEFIT DISPUTES

ShebDeb Psychiatry & Behavioral Health is not liable or responsible for disputes or issues between a patient and the patient's insurance company concerning deductibles, coinsurance, out-of-pocket limits, eligibility, authorization, coverage, reimbursement, or claim processing.

It is the patient's responsibility to contact the insurance company directly regarding questions or concerns about applicable insurance benefits.

13. BILLING QUESTIONS, PAYMENT DIFFICULTIES, AND CHARGEBACKS

If you are having difficulty paying your balance or believe you have been billed incorrectly, please contact ShebDeb Psychiatry & Behavioral Health promptly so the account can be reviewed and the matter addressed.

Patients should contact the practice for resolution before initiating a dispute or chargeback through their financial institution. Failure to contact the practice first may result in a \$50 fee for each chargeback or payment dispute occurrence.

14. PATIENT ACKNOWLEDGMENT AND AUTHORIZATION

By signing below, I acknowledge that I have read and understand the ShebDeb Psychiatry & Behavioral Health Financial Policy. I understand that I am responsible for all applicable patient-responsibility amounts, including fees not paid by insurance, self-pay charges, applicable cancellation/no-show fees, and other charges described in this policy.

I understand that insurance coverage is determined by my insurance plan and that ShebDeb Psychiatry & Behavioral Health does not guarantee insurance payment or reimbursement.

I authorize ShebDeb Psychiatry & Behavioral Health to process charges using the payment information I provide for amounts authorized under this policy.

Patient/Responsible Party Name:

Signature:

Date:

Preferred Payment Method:

ACH / Credit Card / Debit Card / Check / Cash

ShebDeb Psychiatry & Behavioral Health