

FINANCIAL RESPONSIBILITY POLICIES

Good Faith Estimate Price List

Services generally “billable to health insurance”:

- Initial Evaluation: \$400 (average)
- 30-Minute Session: \$275 (average)
- 45-Minute Session: \$300 (average)
- 60-Minute Session: \$350 (average)

Services generally not “billable to health insurance”:

- Cancelled/Missed Appointment Fee: \$200 (average)
- Rebilling Fee: \$10/month
- Bounced Check Fee: \$40
- Urgent Appointment Scheduling Fee: \$100
- Copying/transmitting medical record at your request: \$40
- Preparation of letters, reports or treatment summaries: \$250/hour
- Out of clinic appearance by your doctor: \$350/hour
- Participation in any legal matter: \$400/hour (\$600 retainer must be paid first)

Note: This Good Faith Estimate shows the costs of items and services that are reasonably expected for your health care needs for an item or service. The estimate is based on information known at the time the estimate was created. The Good Faith Estimate does not include any unknown or unexpected costs that may arise during treatment. You could be charged more if complications or special circumstances occur. If this happens, federal law allows you to dispute (appeal) the bill. If you are billed for more than this Good Faith Estimate, you have the right to dispute the bill. You may contact Mind’s Eye to let them know the billed charges are higher than the Good Faith Estimate. You can ask them to update the bill to match the Good Faith Estimate, ask to negotiate the bill, or ask if there is financial assistance available. You may also start a dispute resolution process with the U.S. Department of Health and Human Services (HHS). If you choose to use the dispute resolution process, you must start the dispute process within 120 calendar days (about 4 months) of the date on the original bill. There is a \$25 fee to use the dispute process. If the agency reviewing your dispute agrees with you, you will have to pay the price on this Good Faith Estimate. If the agency disagrees with you and agrees with Mind’s Eye, you will have to pay the higher amount.

Patient Name: _____ Patient Date of Birth: _____

Payment Options

All services that are generally not billable to insurance must be paid for by you *before* you receive them. You have *two payment options* for the other services you receive at Mind's Eye.

Option 1: In Network Insurance Payments

Dr. Evans has contracts with the following health insurance companies, and is therefore considered "in-network" with them:

- **Regence Bluecross**
- **Moda (formerly ODS)**
- **Aetna**

If you have health insurance with one of these three insurance companies, please bring your insurance card to your first appointment. We will make a copy, collect some additional information, and bill them on your behalf for the services provided. Once a month we will present you with an invoice showing your patient responsibility balance.

This balance is due within 30 days from the date we provide you with the invoice. If your balance remains unpaid after the 30-day grace period, any existing appointments you have may be canceled, a \$7 rebilling fee will be applied at the start of every month, and you will not be permitted to reschedule until your balance is paid-in-full. Balances outstanding 90 days or more from the date we notify you will be forwarded to a collection agency and will result in termination of your treatment at Mind's Eye.

Please note that your health insurance is a contract between you and your health insurance company. If we agree to bill your health insurance company, we do so as a courtesy to you, but you remain responsible for 100% of whatever portion of the bill they don't pay. Therefore, if your health insurance company denies the claims we submit on your behalf, you must pay us out-of-pocket for those services and work with your health insurance company on your own to obtain reimbursement, regardless of the reason your insurance company did not pay.

Out of Network Insurance or Out of Pocket Payment

If you have health insurance through a company other than one of the above or if you don't have health insurance, you can pay with cash, check, or credit at the start of your appointment. We can provide you with a receipt, which you can use to file a claim directly with your out of network insurance company for reimbursement at your plan's rate. We strongly encourage you to contact your health insurance company before your first visit at Mind's Eye to find out the particulars of your plan. Above we list the average rates for services. Your doctor will speak with you after your initial evaluation about what your actual rate will be, as your actual rate is based on the complexity of your treatment.

Patient Name: _____ Patient Date of Birth: _____

Not Options (sorry):

- We do not bill any other health insurance company other than the three listed above unless you have secondary health insurance with one of the above companies, in which case we are legally obligated to bill your primary insurance first in order to coordinate benefits with your secondary health insurance.
- We do not coordinate with health savings accounts (HSA), but we do accept HSA credit/debit cards for payment. If you do not have an HSA credit/debit card, you can use your receipt to obtain reimbursement from your HSA after your appointment. Please be sure you have sufficient funds in your HSA to cover your full payment.
- We do not bill Medicare. If you are a Medicare Beneficiary you must tell us this before your first appointment. You still have the option of receiving services at Mind's Eye, but only if you sign a contract with us stating that you understand that we do not participate in Medicare, and that you agree to pay us out-of-pocket at our full cash-rates.

Other Financial Policies to Keep In Mind

- **You must pay a \$200 missed appointment fee for appointments cancelled with less than 48 business-hours' notice, or for missed appointments.** This fee is *NOT billable to insurance*. In cases of extreme illness, we will consider waiving this fee. However, if you discover that you are feeling quite ill the day or two before your appointment, we encourage you to call at that time, rather than the day of your appointment, as you should not come in if you are contagious.
- **When a child is the patient, the parent or guardian who signs the financial contract for his/her child is financially responsible for the cost of services received and will be the one who receives invoices from Mind's Eye,** regardless of who pays for the child's health insurance, who the primary policy holder is on the child's insurance policy, or who usually pays the child's bills. If a child/teenager comes to appointments without the financially responsible parent or guardian he/she will not be seen unless their account balance is paid in full or there is an *Authorization to Bill Credit Card on File*, granting us permission to bill the patient account balance to a valid credit card at the time of service.
- **When there are updates to the Financial Responsibility Policies, they will be posted online at www.mindseyementalhealth.com.**
- **Please contact your provider if you have questions or concerns regarding these financial policies.**

Patient Name: _____ Patient Date of Birth: _____

Financial Agreement

	Primary Insurance	Secondary Insurance (if any)
Name of Policy Holder:		
Signature of Policy Holder:		
DOB of Policy Holder:		
SS# of Policy Holder:		
Billing Address of Policy Holder:		
Telephone # of Policy Holder:		

Please note: Failure to provide all of the following information about the policy holder, in addition to the corresponding health insurance card will result in cancelation of any existing appointments for you and/or your child unless you switch to the out of pocket payment option.

I have read the above Financial Responsibility Policies, and I agree to be financially responsible for services I and/or my child receives at Mind's Eye, as set forth therein.

Signature of Financially Responsible Party: _____

Printed Name: _____ Today's Date: _____

Patient Name: _____ Patient Date of Birth: _____