Financial Policy

PATIENT RESPONSIBILITIES

Full payment for EMBW* services are due at time of services rendered. This includes co-payments, deductibles and any additional services not covered by insurance. If the patient is not able to pay the balance before their next scheduled appointment, the patient may be asked to reschedule the appointment or be referred to another provider.

PAYMENTS

EMBW expects payment of any outstanding balance after a patient confirms appointment and before the start of their actual appointment time, unless other arrangements have been agreed upon at a prior date. EMBW accepts all major credit cards via patient portal at www.evolvembw.com or over the phone. Credit card processing fees of 3.5% for all self-pay services in the table below. As a courtesy to insurance patients, EMBW waives processing fees on routine balance payments.

INSURANCE BILLING

EMBW is responsible for filing claims to only contracted insurance companies. EMBW files claims as a courtesy to our patients. Insurance coverage is a contract between the patient and the insurance company, and it is the patients' responsibility to know his or her insurance benefits. As a courtesy, EMBW will verify both primary and secondary (if applicable) insurance, before the first visit. Remember, information provided by insurance is an estimation of benefits; there could be a credit or a balance after the final processing of the claim. EMBW will submit claims and assist reasonably to help get the claims processed. In order to do this, EMBW must receive accurate information necessary to bill. If accurate information is not supplied, the patient will be billed directly, and payment in full will be his or her direct responsibility.

MEDICARE

EMBW participates in the Medicare program. The patient is responsible for co-insurance, any deductibles that have not yet been met, and services that are identified as patient responsibility on the Medicare Explanation of Benefits. Please note, the provider may recommend a treatment plan that may not be covered by Medicare. If Medicare denies any portion of the payment, the patient will be billed for a balance.

SELF-PAY FEES

EMBW charges a flat fee to private pay patients for time spent with the provider on records review, direct interview, medication or lab orders, documentation, and billing. For insured patients, there are some non-billable services we also provide in the table below.

Self-Pay Service	Fees*
Initial consultation, approx. 45-60 minutes	\$ 425.00
Follow-up medication management visit, approx. 20-30 minutes	\$ 300.00
Psychotherapy, 50 minutes	\$ 400.00
Online screening; completing Social Security, short-term disability, or school forms	\$ 150.00
Prior authorization	\$ 50.00
Medical records request, sent via certified mail	\$ 50.00
Work / school / travel excuse letter, sent via patient portal	\$ 25.00
Credit Processing Fees (EMBW waives this on routine co-pays)	3.5% of balance

^{*}As of 8/18/2022; Please note that all fees are subject to change. If fees are to change, EMBW will provide a thirty-day notice before initiating any changes to the fee schedule.

CANCELLATIONS AND NO-SHOW FEE

If the patient must cancel or reschedule an appointment, EMBW requires at least 24-hour notice (weekends not included). If the appointment is on a Monday, the cancellation must be made by the same hour on the preceding Friday. For cancellations that occur with less than 24-hour notice or failure to show to an appointment, **the patient is charged \$160.00 for initial visits** and **\$95.00 for follow-up visits.** This fee must be paid before another appointment may be scheduled. If the patient cannot fulfill this obligation, they will be referred to a Community Mental Health Facility.

OUTSTANDING BALANCES/COLLECTIONS

Prior to providing additional services to the patient, payment in full of total outstanding balances is required. If payment is more than 30 days past due, the patient is dismissed from EMBW as per the Dismissal Policy in the *Treatment Consent*. After the balance is 60 days past due, EMBW reserves the right to utilize legal resources such as collection agencies or small claims courts in order to obtain payment for services.

ACKNOWLEDGEMENT

By signing this notice, I acknowledge that I understand and accept the terms of this agreement.