



## FINANCIAL POLICY 2022-2023

### INSURANCE CLAIMS

Claims will be filed with your insurance company. You will be responsible at the time of service for all co-pays, co-insurance, deductibles and services not covered by your plan. Financial responsibility for services rendered rest with the patient regardless of any insurance coverage. Although we will do everything possible to facilitate reimbursement from your insurance company, we cannot guarantee payment of your claim. We file insurance as a courtesy. Insurance follow-up is the responsibility of the patient. If the claim becomes the patient’s responsibility, the claim must be paid within 30 days. All patients must complete our patient information form before seeing the doctor. We must obtain a copy of your driver’s license and current valid insurance to provide proof of insurance. If you fail to provide us with the latest correct insurance information in a timely manner, you may be responsible for the balance of a claim. Claims denied due to “untimely billing,” where incorrect insurance information resulted in a late or denied claim submission will ultimately be the patient’s responsibility.

### REFERRALS

The patient is responsible for obtaining and maintaining valid referrals required by their insurance company for any and all covered services. The Patient Success Team, Evolve Psychiatry’s patient services department, will assist in obtaining referrals for treatments as a courtesy. If the patient chooses to undergo any service without a valid referral, the patient is financially responsible for the full charges.

### MEDICARE

Evolve Psychiatry accepts Medicare PART B. If Medicare is the patient's primary insurance or only insurance, the patient is responsible for the Medicare deductible and 20% of the charges at the time of service. We will file any secondary insurance claims if a secondary payor is provided. Patients may be asked to sign a waiver for tests/procedures that Medicare does not cover. Patients have the right to refuse these tests/procedures and will be asked to sign a waiver stating that they refused these tests/procedures upon each appointment.

### SELF-PAY

Self-pay accounts are patients without insurance coverage, patients covered by insurance plans in which the office does not participate, or patients without an insurance card on file with us. We do not accept attorney letters or contingency payments. It is always the patient’s responsibility to know if our office is participating with their plan. If there is a discrepancy with our information, the patient will be considered self-pay unless otherwise proven. Evolve Psychiatry charges for time spent with the provider on records review, direct interview, medication or lab orders, documentation, and billing.

### NON-COVERED SERVICES

Please be aware that services received may be non-covered or not considered reasonable or necessary by Medicare or other insurers. Patients must pay for these services in full at the time of visit. Services that are not covered by insurance as follows:

Initial ADHD Assessment Forms	\$300.00
Completing Social Security, short-term disability, FMLA, or school forms	\$ 150.00
Prior authorization, re-prescribing any controlled substances related to lost medications	\$ 50.00
Medical records request, sent via certified mail	\$ 50.00
Work / school / travel excuse letter, sent via patient portal	\$ 25.00



## Evolve Psychiatry

Cancellation or No-Show fee, initial visit	\$160.00
Cancellation or No-Show fee, follow-up visit	\$95.00

### CREDIT CARD INFORMATION

Evolve Psychiatry accepts all major credit cards, bank cards, and flex pay cards for your convenience. Evolve Psychiatry does not accept cash or checks.

Evolve Psychiatry is committed to prioritizing your healthcare needs and keeping financial arrangements as simple as possible. In order to accomplish this in a cost-effective manner for everyone, we require that every patient provide our practice and/or our designated payment agent with their updated debit/credit card information. The applicable payment card information will be truncated and “tokenized” by the payment agent in order to help maintain the security of your payment information.

### PAYMENT

Full payment for services are due at time of services rendered unless your health insurance carrier has made prior arrangements. All copayments and deductibles must be paid at the time of service. This arrangement is part of your contract with your insurance company. 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.

The patient agrees to be fully responsible for any and all charges for services rendered and not covered by his or her insurance plan. In addition, the patient authorizes Evolve Psychiatry MD, Inc. (“Evolve Psychiatry”) and/or its affiliated entities or designated payment agent to store patient payment information in the secured manner described above and to apply charges to patient’s payment card for all amounts owed to the practice for medical visits, procedures or supplies, including (i) amounts agreed as part of a payment plan, (ii) copayments, (iii) coinsurance (after application of insurance proceeds), (iv) amounts not covered by insurance and/or (v) fees (if applicable) charged by the practice for failure to keep a scheduled appointment or provide timely notice of appointment cancellation. Patient acknowledges that it is the patient's responsibility to maintain up-to-date payment information to avoid disruption in care.

### OUTSTANDING BALANCES/COLLECTIONS

Prior to providing additional services to the patient, payment in full of total outstanding balances is required. Patient understands that payment for any outstanding balance will be either discussed with the patient at the beginning of the patient's following scheduled appointment, or automatically applied 30 days after the balance is due on the patient's account, whichever is sooner. In the case of a patient balance that is not satisfied by a charge to the patient's payment method on file, the patient may receive a monthly statement for the outstanding balance. Patient is responsible for paying this balance by its due date in order to avoid paying possible interest and late fees on the balance. Patient understands that transaction receipts will be maintained in the patient chart and are always accessible via the online patient portal. If payment is more than 30 days past due, the patient may be dismissed from Evolve Psychiatry as per the Dismissal Policy in the *Treatment Consent*. After the balance is 60 days past due, Evolve Psychiatry 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 agree to the terms of this agreement.*