INTEGRATED
PSYCHIATRY PLLC
MENTAL WELLNESS CLINIC

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WAIVER FOR SERVICE - OUT OF NETWORK CARRIERS & SELF-PAYING PATIENTS:

IN & OUT OF NETWORK PLANS:

I understand and accept responsibility, that on my scheduled visit, the services I will receive will be billed to my primary insurance and any additional secondary or tertiary plan. I further understand if my insurance denies or does not cover the cost of my visit for any reason that ***I am financially responsible for all associated fees.*** I also understand that my provider is not contracted with Medicare (including Medicare replacement plans of any kind), Medicaid (including but not limited to Wellpoint, Molina and all Medicaid plans), Tricare and some out of state carriers, therefore I agree to pay any out-of-pocket expense my insurances do not cover. ***This fee can include, but is not limited to any allowed amount, copay, coinsurance, deductible or out of pocket maximum.***

I am choosing to continue with my scheduled visit and understand that I am financially responsible to pay for the fees associated with this visit. I also understand that this payment will be expected at the time services are rendered. I understand that I will be provided with the Good Faith Estimate outlining the fee rates for my scheduled services.

INTEGRATED PSYCHIATRY PLLC PAYMENT POLICY:

Integrated Psychiatry PLLC will file claims directly with your insurance company if we are an in-network provider with your insurance carrier. It is ultimately your responsibility to ensure that Integrated Psychiatry PLLC's services are covered by your insurance provider, and you are responsible for charges not covered by your insurance carrier. If we are considered "out of network" for your insurance plan and you have a health benefits policy that provides mental health coverage, you may be entitled to insurance reimbursement for any provided professional services. You can discuss this with your insurance company by contacting them directly. Regardless of insurance reimbursement, for out of network insurance companies, **full payment for all services is required at the time of each appointment**. We can provide you with a service invoice/receipt (sometimes referred to as a super bill) that you can submit to your insurance company. We do not bill all insurance companies directly, and it is your responsibility to ensure whether we bill your insurance plan or if it will be your responsibility. Please also note that if reimbursement is pursued by you, most insurance agreements require you to authorize us to provide clinical information directly to them. This can include a clinical diagnosis, historical information, treatment plans or summaries, and sometimes a copy of your chart records. In such cases, this information will become a part of the insurance company files and can be used by them to consider future insurability.

It is your responsibility to provide Integrated Psychiatry PLLC with accurate and up to date insurance information, and to notify Integrated Psychiatry PLLC with any changes to insurance, address, or phone number.

Payments are due at the time the appointment. If there is an outstanding balance, payment will be required before another appointment is scheduled unless an alternative arrangement has been made in advance with written approval by your provider. A credit card will be kept on file with the office that office visits will be charged to. Credit cards charges may include copayments, deductibles, and any account balance you owe to Integrated Psychiatry, PLLC.

Fees will vary depending on the contracted rate, determined by your insurance carrier. Your copay is due at the time of service, and you are responsible for the full visit fee if you have not yet met your deductible. Patient's opting to pay cash for their visit fees may be eligible for discounts from the standard fee schedule and will be arranged and agreed to prior to rendering of services between the patient and the facility with a formal written agreement by both parties.

If phone or email consultation or paperwork is requested, Integrated Psychiatry PLLC has the right to charge a fee for these services. Examples may include work leaves, disability paperwork, treatment summaries, or court related services or evaluations. These fees are typically not covered by insurance and are the responsibility of the patient.

NOTICE TO SELF PAYING PATIENTS:

I understand and accept responsibility that at my scheduled visit, the services I will receive will **not** be billed to my insurance, as the provider I have chosen is not contracted with my insurance. It has been explained to me that I could receive these services at an "in-network" provider office, covered by my insurance.

*****It has been explained and I understand that Integrated Psychiatry, PLLC does not accept any form of Medicare or Medicaid Policies. However, there are other practices in the area that do accept these plans. These in-network practices have been given to me, with their associated name/phone numbers. I understand that I have the right to receive services from in-network providers at these other facilities. However, I am actively choosing to waive that option and I am accepting of the cash pay rates that Integ rated Psychiatry, PLLC has provided below. Furthermore, I have received this notice, 24 hours in advance of my scheduled appointment time.***

I am choosing to continue with my scheduled visit and understand that I am financially responsible to pay for the fees associated with this visit. I also understand that this payment will be expected at the time services are rendered. I understand that I will be provided with the Good Faith Estimate outlining the fee rates for my scheduled services.

GOOD FAITH ESTIMATE FOR SELF PAY PATIENTS:

You have the right to receive a "Good Faith Estimate" explaining how much your medical care will cost.

Under the law, health care providers need to give patients who do not have insurance or who are not using their insurance an estimate of the bill for services rendered.

- You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency items or services. This includes related costs like medical tests, prescription drugs, equipment, and other miscellaneous fees associated with your visit.
- Make sure your health care provider provides you a Good Faith Estimate in writing at least 1 business day before your medical service or item. You can also ask your health care provider, and any other provider you choose, for a Good Faith Estimate before you schedule services.
- Keep a copy of this Good Faith Estimate in a safe place or take pictures of it. You may need it if you are billed a higher amount.

DISCLAIMER:

This Good Faith Estimate shows the costs of items and services that are reasonably expected for your health care needs. 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 the health care provider or facility listed 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. 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 If the agency disagrees with you and agrees with the health care provider or facility, you will have to pay the higher amount. To learn more and get a form to start the process, go to No Surprises: (cms.gov).

For questions or more information about your right to a Good Faith Estimate please visit No Surprises: (cms.gov) or call 515-758-8300 to request a Good Faith Estimate.

New Patient Evaluation (CPT code 99205, 99204) will be charged at a rate of $250.00.
Subsequent Follow Up Evaluation (CPT code 99214, 99215) will be charged at rate of $150.00

These rates are effective January 1, 2025 through December 31, 2025

I understand I will be charged for my visits at Integrated Psychiatry PLLC at the rates listed above. My signature verifies that I was notified of this Good Faith Estimate 24 hours prior to my scheduled appointment.

PRINTED NAME/RESPONSIBLE PARTY: _____

SIGNATURE: _____

RELATIONSHIPT TO PATIENT: _____

DATE: _____

☐ SELF PAY ☐ COMMERCIAL INSURANCE ☐ OTHER