

Financial Policies

Integrated Health and Behavior, PLLC
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Insurance Reimbursements: In order to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. I will bill your insurance and try to get you the benefits to which you are entitled; however, you, (**not** your insurance company) are responsible for full payment of your bill. Mental health coverage can be different from coverage for other services, so it is very important that you find out exactly what mental health services your insurance policy covers. We do not run a prior approval for you with your insurance company. It is your responsibility to find out what will be covered by your insurance and to request prior approval if your insurance company requires it.

Initial Visit: The charges for the initial visits are usually higher than follow up visits, because the initial visits are more elaborate and involved.

Cancellation Policy: This is a specialty practice. If you have an appointment and you cannot make it for some reason, you need to provide at least **48 hours** advance notice of cancellation. If you do not provide 48 hours notice, you will be charged for the full visit. **Insurance companies do not provide reimbursement for no-show appointments or appointments that you do not cancel with sufficient notice (48 hours notice)**. If you have a no-show or late cancellation, I may discharge you as a patient. Arriving for an appointment more than 15 minutes late constitutes a no-show appointment. For Monday appointments, you agree to call by the previous Thursday at noon to avoid any late cancellation or no-show fees.

Telephone Calls: As part of this Agreement, you agree not to call me on my emergency phone number unless it is a true emergency. If you are calling me on my emergency number, and it is not an emergency, then I have the right to charge you \$25 for the phone call and an additional \$25 for each 15 minute increment thereafter. You may always call the office number to leave a message for non-urgent matters.

Refilling Medications: You agree to monitor the amount of medicine you have, and request a refill at your regularly appointed visit. If you make a mistake, and are running out before your appointment, you agree to request a refill with at least 3 days notice before you run completely out of your medication. If you contact me of an emergency refill (one that needs to be filled in the next 24 hours), there will be a **\$25 fee**.

Records Requests: If you request a copy of your record, we charge the following fees: Pages 1-10 no charge. Pages 11-30 \$1 per page. Pages 30+ are \$0.79 per page. This helps to offset our clerical costs.

Non-payment of Fees: If your account has not been paid for more than 60 days and you have not made arrangements for payment, we have the option of using legal means to secure payment, including collection agencies and small claims court. This may

require disclosing otherwise confidential information. If legal action is necessary, the costs will be included in the claim.

By signing below, you agree that you have read and understood the expectations and agree to follow them. You agree that you have had your questions answered to your satisfaction.

If you feel that you cannot honor any part of this agreement, you may notify us now or at any time. If you cannot follow this agreement, then your care with this clinic may be ended. If this occurs, you understand that an attempt will be made to notify you either in person or at your last known address or phone number.

Patient/Legal Representative

Date

Printed Name

Relationship to Patient if other than self