Notice of Financial Policy

This notice describes the expectation of Brad Johns, MD in regards to payment for services rendered and other miscellaneous fees. If you have any questions, please contact my office staff.

• Prior to your visit, my office will verify your mental health benefits which will determine the payment due at the time services are rendered. *However*, it is your responsibility to know and verify your mental health benefits with your insurance company. If we do not have the correct insurance information on file, you will be responsible for the full amount owed.

• Please remember that just as my office has a contract with your insurance company, you do as well. In order for me to be contractually obligated to accept the payment and discounts your insurance offers you, you must follow the guidelines set forth by your insurance carrier. It is your responsibility to participate in the insurance guidelines, which, includes prompt payment of services rendered - or your contract may be voided.

• All patients with out-of-network plans are required to ***pay in full*** at the time services are rendered. Upon request, my office staff will provide you with a superbill that you may submit to your insurance for reimbursement (the fee you are reimbursed will not be the same as my fee).

• Patients with in-network plans are required to pay any applicable co-pays, deductibles, or coinsurances due ***at the time of service***.

• In the event of a balance due after your insurance has paid, payment is expected to be made within ***30 days*** upon notification by your insurance and/or my office. If a statement is sent because the office is unable to reach you for payment either on your date of service or thereafter, an administrative fee of *$0.85* will be added monthly to your balance. Services may be suspended if your current balance exceeds $100. If you have a question regarding your balance, please ask to speak with my staff. A valid credit card is to be retained on file and will be charged for any patient portion due.

Secondary insurances will be filed up to two times. If payment has not been received after the second filing, the balance will become patient responsibility. You must file your tertiary insurance claims yourself. For any services rendered which are unbillable to your insurance; you will be notified in advance and payment is expected at the time of service.

• In the event of an overpayment, you may choose to have the funds refunded to you or apply them to future dates of service. However, refunds less than $100.00 will not be issued if there are outstanding insurance claims.

• As a courtesy, the office has an automated appointment reminder which will contact you via phone, email, or text at least 48 hours prior to your upcoming appointment. It is your responsibility to provide the office with the correct phone number or email for the automated calls/emails. Therefore, my no show/late cancel policy is **strictly** enforced if the office is not notified at least 24 hours (business day) prior to your appointment. You will be charged a missed appointment fee which will be your normal self-pay rate or the contracted rate I would have received from your insurance plan.

• A fee is charged for any forms or records that you request and need to be sent out of this office. If you bring your form in with you on a regularly scheduled office visit, there is not charge, although you may not be able to take the completed form home with you on that day. If you drop off or request a form be sent outside of a regular office visit, you will be charged. If you request medical records be sent to another provider, or third party entity, there is a charge per page and per request. All of these charges are in line with industry standards, and are usually not covered by your insurance. Payment is expected for these services at the time of the request.

An administrative fee of $25 is charged for prior authorizations. The office will process these requests within 48 hours of receipt from your pharmacy. There is no guarantee our requests on your behalf will be approved and you may be required to pay out of pocket for your prescription.

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Client/Parent/ Legal Guardian Signature Date