



## Fees, Text and Email Policies

The following information is provided to acquaint you with PsyCare fee policies and options for appointment reminders. All charges are based upon the current usual and customary rate for behavioral health services. If you have any questions, please don't hesitate to ask. This fee schedule is effective 3-1-2022.

**FEES:** The charge for the initial diagnostic interview (90791) is \$255. The fee for the subsequent standard session (90837, est. 55 min) is \$215. The intermediate session (90834, est. 40 min.) is \$145, and brief session (90832, est. 25 min) is \$110. The fee for the initial psychiatric evaluation session (90792) is \$280. Subsequent medication management sessions are charged in accordance with level of complexity or time, according to AMA CPT-Code standards (99211--\$35 (nurse); 99212--\$80; 99213--\$130; 99214--\$180; 99215--\$250). The fees for psychological testing and for required reports are based upon the time requirements, with a \$170 charge for each hour utilized. Charges for completion of forms are \$8 per 5 minutes required. Fees for specialized forensic services must be established with the clinician.

**MISSED APPOINTMENTS OR LATE CANCELLATIONS:** There will be no charge for appointments cancelled at least 24 hours before the scheduled appointment time. However, due to the nature of psychological and psychiatric services, payment for the time reserved is necessary for late cancellations, (less than 24 hours prior to the scheduled appointment), and missed appointments. Unlike many professional practices which allow "overbooking" and brief visits, your appointment means that you have reserved a significant amount of professional time. This is time that, for practical purposes, is lost and cannot be made up if the appointment is cancelled late. It is also time that may have been utilized for the benefit of another person with the proper advanced cancellation. Therefore, \$100 will be charged for missed appointments with no prior notification, and \$70 will be charged for late cancellations. These are charges not covered by health insurance.

**INSURANCE COVERAGE:** PsyCare has agreed to contractual arrangements with many insurance or managed care companies, as well as Medicare and Medicaid. The terms of these contractual agreements, which typically include allowed charges, will supersede the above fee schedule. PsyCare will make reasonable efforts to determine your specific coverage and financial responsibilities in advance of treatment; though responsibility for the accuracy of coverage details remains yours. **It is the client's responsibility to notify PsyCare of changes in coverage; and failure to notify PsyCare may result in charges to the patient due to insurance denial of payment.** You will need to provide PsyCare with the necessary information describing your coverage, as well as your signature for authorization for PsyCare to provide information required by your insurance company. It is PsyCare policy that co-payments are due at the time of service. Following the processing of the insurance claim, the insurance company typically provides an Explanation of Benefits (EOB), which identifies the patient balance due for the service, such as an amount applied to the deductible. This amount will then be due in full.

**INTEREST, LATE FEES AND COLLECTION CHARGES:** There is no interest charge for accounts in good standing. However, overdue accounts (accounts with patient responsibility not paid within 20 days of account statement) will be charged a \$14 re-billing fee. If collection efforts become necessary, collection costs, court costs and legal fees will be added to the account balance.

**PAYMENT:** Cash, checks, MasterCard and Visa accepted. There will be a \$30 charge for a check returned due to insufficient funds. Under special circumstances, an individualized payment plan may be established with the account manager, as follows:

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**TEXT OR EMAIL APPOINTMENT REMINDERS:** To help remember appointments and reduce the number of missed appointments, you can be sent a reminder via text or email. No HIPAA related information will be sent. I authorize PsyCare to convey appointment reminders by phone, email or text. I understand that my contact information will remain confidential. I agree to the terms and conditions provided by PINGER ([www.pinger.com/content/company/termsconditions.html](http://www.pinger.com/content/company/termsconditions.html)), and I understand that I have the option to stop reminders at any time by speaking directly with a PsyCare staff member.

Cell Phone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

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I have read and agree to the financial arrangements and policies documented above. I have been offered a copy of this completed Fees, Text and Email Policies Form.

Patient/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name (if not patient): \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_