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Payment Policies for Psychological Evaluation

Please read and completely fill out the form below.

Before your first scheduled session, you are required to have a valid credit card on file. Alcove Mental Health utilizes an electronic health record system (IntakeQ) that is HIPAA and PCI Compliant. There is a form below to capture your CC information for future payment transactions. **As this is a fully telehealth practice, cash and/or check are not accepted forms of payment**.

- AGREEMENT: By completing and signing this Payment Agreement, you are indicating that you understand and agree to provide a valid credit card number, with expiration date, for payment of future therapy sessions, appointments or other fees.
- COST FOR EVALUATION SERVICES: Alcove Mental Health performs psychological evaluations related to invasive pain procedures for a flat rate of $1,000. This fee is payable in two parts, an initial deposit of $200 at the time of scheduling and the remainder of the balance due on or by the appointment date. *This fee also includes complimentary attendance at one live session of Empowered Relief ($99 value).*
- The initial deposit is non-refundable though it may be applied to <u>one</u> reschedule within 6mo. Otherwise, the deposit is forfeited and cannot be reapplied to any future services.

- AUTOMATIC PAYMENT: Your credit card number will be kept on file throughout treatment and will be charged according to the above two part payment plan. It is expected that your session be paid for by or at the time of service, unless other arrangements have been made. I reserve the right to cancel a session if payment is not made in accordance with practice policies.
  - *If you are experiencing financial hardship, flexible payment plans may be arranged. Please discuss this at the time of scheduling so an agreed upon payment schedule can be confirmed at the time of booking. Payment plans are not to extend out farther than 6 months from date of agreement.*
- CANCELLATION OR NO SHOW: Your signature indicates you understand that if you cancel within 24 hours or do not attend the appointment (no show), you will forfeit your deposit. Additionally for cancellations within 24 hours or no-shows, an additional fee for provider's time may also be charged (up to total of $500, 50% of full service fee), at clinic's discretion.
  - **If you need to reschedule, it is strongly encouraged to do so with at least 48 hours notice.** You may reschedule with at least 24 hours notice without charge. Your deposit will be transferred to your rescheduled appointment.
  - Please note that due to the high demand for evaluation services, ONLY ONE RESCHEDULE is permitted with your original deposit. Any further reschedules will require a new deposit ($200).

- AMENDMENTS FOR EXTRA SERVICES: Your signature indicates that you understand this payment agreement may be amended in the future to account for client requests for extra services, such as extended phone calls or consultations on your behalf.
- **Of note, the evaluation services being rendered include a consultative report that is sent electronically to your referring provider. There is no extra cost for this.**
- **However, if your provider requests additional assessment or professional consultation to support clinical decision making, these may incur additional fees. One (1) courtesy call less than 15 minutes will not result in additional billable services.**
- Other professional services that may be charged beyond evaluation service fee include: extensive assessment or report writing beyond typical evaluation scope, telephone conversations lasting longer than 15 minutes, attendance at meetings with other professionals you have authorized, preparation of treatment summaries, and/or the time spent performing any other service you may request of me. All these services are charged at a prorated rate of $200/hour in 15 minute increments.
- If you become involved in legal proceedings that require my participation, you will be expected to pay for any professional time I spend on your legal matter, even if the request comes from another party. [I charge $500 per hour for professional services I am asked or required to perform in relation to your legal matter].

- AUTHORIZED USER: Your signature indicates that you are an authorized card user for the card you are placing on file.

- INSURANCE: At this time, Alcove Mental Health is NOT an in-network provider on any insurance panels. All services are charged as fee-for-service. If you are experiencing financial hardship, you may request a payment plan, as previously outlined.
- OUT OF NETWORK BENEFITS: If you are eligible for out-of-network benefits with your insurance company, I can provide you with a "superbill" upon request. You can then use this to file an out of network claim directly with your insurance to redeem associated benefits. Please note, by signing this Payment Agreement you understand it is the client's full responsibility to determine eligibility for out of network benefits, including deductible limits and claims filing processes. Alcove Mental Health does not file on your behalf.

- OVERDUE BALANCE: By signing this Payment Agreement, you agree that a re-billing fee/financial charge complying with Nevada State Law will be applied to any overdue balance. In the event of non-payment, you agree to bear the cost of collection and/or court costs and reasonable legal fees should this be required. A copy of this agreement will be available in your client portal.

CREDIT CARD INFORMATION

Name on Card

Credit Card Number

Expiration Date | Security Code | Postal Code

Client Signature | Date

Provider Signature | Date