

Hoffman Psychiatric Services Financial Policy

You are responsible for any and all charges incurred for rendered services with Hoffman Psychiatric Services including any monies due and owing under your health insurance plan (i.e., copayments and unmet deductibles) or other third-party payor (i.e., Employee Assistance Programs [EAPs]).

You are responsible for any and all applicable copayments and unmet deductibles, if applicable. It is your responsibility to provide Hoffman Psychiatric Services with current and accurate insurance information at each visit. According to your insurance, payment is expected at the time of your visit.

You are responsible to check with your individual insurance carrier prior to initiation of services regarding copayments and deductibles associated with individual insurance plans. You are responsible for tracking your out-of-pocket expenses by carefully reviewing your explanation of benefits (EOB) provided to you directly from your insurance company. You are responsible for all monies due and owing for services rendered by Hoffman Psychiatric Services in the event that any third-party payor does not pay for these services (i.e., EAPs).

It is ultimately the client's responsibility to ensure that any third-party payor covers and makes timely payment to Hoffman Psychiatric Services services. In the event that any monies received for Hoffman Psychiatric Services services from a third-party payor are later recouped from Hoffman Psychiatric Services by the payor—at any time after their receipt—the client will be responsible for those monies then due and owing.

Fee Dispute: In the case of a credit card dispute, Hoffman Psychiatric Services reserves the right to provide the necessary documentation (i.e., your signature on the “Informed Consent for Psychotherapy and Practice Policy Agreement”) that covers the cancellation policy to your bank or credit card company should a dispute over a charge occur.

Prompt Payment of Statements: Once we receive your EOB from your insurance carrier, Hoffman Psychiatric Services will automatically run your credit card to satisfy any balance due. In the event that you maintain a balance, it is your responsibility to pay the identified balance within 30 days. Clients with an outstanding balance for more than 30 days must make payment arrangements prior to scheduling further appointments. Hoffman Psychiatric Services reserves the right to cancel or postpone further appointments with a client until all debts for services rendered are paid in full or a payment plan has been discussed and agreed upon between the client and Hoffman Psychiatric Services. In addition to credit card payments, patients have the option of paying via cash, check, Venmo or Zelle. Should a patient choose to

pay via an online platform, they acknowledge that Dr. Hoffman cannot ensure their confidentiality of the transaction.

Non-Covered Services: Any service determined not to be covered by your insurance plan will be your responsibility. Clients are ultimately responsible for any charges or portions thereof for which payment is denied by insurance for whatever reason, except where prohibited by law or prior contractual agreement.

Rates: Hoffman Psychiatric Services has a standard set of rates which are available to you upon request. Additional services including phone calls, consultations, letter writing, or other requests will incur an out-of-pocket hourly cost. Hoffman Psychiatric Services reserves the right to update service rates at various times at our sole discretion. Dr. Hoffman charges \$35 for the completion of a Prior Authorization request. The cost of other administrative services will be mutually agreed upon with the patient.

Missed Appointments/Late Cancellations: Regular attendance at scheduled appointments is a key component of successful counseling. Your scheduled time is reserved for you. If you need to cancel or reschedule, Hoffman Psychiatric Services requires that you contact your provider at **least 2 business days prior to your scheduled appointment. If this notice is not received or if the client fails to show for the scheduled appointment, you will be charged for the entire cost of the session, which includes the copay and the rate that the insurance would have paid for the session had the session occurred. This fee will not be covered by your insurance. Please see Appointment Policies for additional information.**

Credit Card on File: Hoffman Psychiatric Services requires that all applicable fees, including a 3% service fee, copayments, deductibles, and any past due amounts for services rendered on the account be paid on the date of visit. Hoffman Psychiatric Services requires that all clients provide a debit or credit card to keep on file in our secure electronic health record system. Hoffman Psychiatric Services has the right

to charge the client's credit card on file for all rendered services:

- (i) at the time of service delivery,
- (ii) upon notice from a health insurance plan or third-party payor that any full or partial charges are not covered by the health insurance plan or third-party payor, and/or (iii) if any previously paid amounts are recouped by the health insurance plan or third-party payor.

Collections: In the event my account is turned over to an attorney or agency for collection, I agree to pay all costs of collection including, but not limited to, court costs and collection fees. If my account is not paid when due, a service fee and/or interest will accrue as permitted by law.

ACKNOWLEDGEMENT

By signing this agreement, I acknowledge that I have read and understand the following:

- The Financial policy of Hoffman Psychiatric Services and agree to be bound by it.
- I hereby grant Hoffman Psychiatric Services the right to bill and collect from my health insurance plan for services provided to me.
- I accept that not all services may be covered by my health insurance plan and that I am ultimately responsible for payment for services provided to me by Hoffman Psychiatric Services.
- I grant Hoffman Psychiatric Services the right to charge my credit card on file for account balance at the time of service delivery or for late cancellations/no-show appointments.
- I understand that Hoffman Psychiatric Services uses a third-party service that facilitates all payment transactions.