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[www.thecitypsychiatry.com](http://www.thecitypsychiatry.com)

## FINANCIAL POLICY

### Insurance:

- An estimated payment is due at the time of service by Visa, Mastercard, Discover, American Express. Depending on the level of service provided there may be additional fees that the patient is responsible for paying within 30 days of statement receipt.
- Patients are responsible for co-payments and/or deductibles at the time services are rendered for patients on Preferred Provider Plans (PPO's) or Health Maintenance Organizations (HMO's).
- I allow **City Psychiatry** to file for insurance benefits to pay for the care I receive.
- I understand **City Psychiatry** will have to send my medical record information to my insurance company.
- I must pay my share of the costs.
- I must pay for the cost of these services if my insurance does not pay or I do not have insurance.
- City Psychiatry requires payment upfront for any plans out of network. A superbill will be provided you can submit to your insurance carrier for partial reimbursement depending on your plan's benefits.
- City Psychiatry and its employees do not guarantee that payment will be authorized for medical services; therefore, this office is not responsible for any adverse payment decisions or misuse of information.
- Any balance on an account that is greater than 30 days old is considered PAST due. Services may be denied until outstanding balances are paid. Current statements will be available in the patient portal. Paper statements are available upon request. Payment is due upon receipt of statement. You will be responsible for all balances even after your services have ended.
- We accept Checks, MasterCard, Visa, American Express, and Discover Card. We also understand that exceptional mental health care can be expensive; therefore, we have payment plans available upon request. The fees stated on your treatment plan will be honored for a period of 12 months.

### Cancellations:

- We realize that life happens and on occasion, you may not be able to make a scheduled appointment. If you need to cancel or reschedule an appointment, please alert us in the Patient Portal or phone (leave a voicemail) at least **48 hours prior** to your scheduled appointment. Please remember that your appointment time has been reserved for you alone so alerting us of cancellations helps us give your appointment to another patient in need.
- **A missed or late canceled appointment will be considered a "no-show."** It is our policy to charge **\$100** for each no-show. Patients who have 3 or more no-shows will be referred elsewhere for services and

discharged from City Psychiatry. The cancellation fees must be paid before the appointment will be rescheduled.

- Any balance on an account that is greater than **30 days** old is considered past due. It must be paid prior to your next visit. A statement will be mailed on a monthly basis and will reflect the current balance for all services rendered prior to the date on the statement. Payment is due upon receipt of statement. Because of all of the payment options that we have available, and because sound financial arrangements are made prior to treatment, the situation should never arise in which you can't pay, or simply refuse to pay a balance. If this situation should arise, City Psychiatry reserves the right to take legal action with an attorney through the court system to obtain payment. In addition, credit bureau reporting may commence, and any interest on balance due, together with any collection costs and attorney fees incurred, will be added to the balance due.
- A fee of \$30 will be assessed for all returned checks.

I certify that I have read, fully understand, and accept the above financial policy. I understand and agree to City Psychiatry's updated financial policies and understand I will be responsible for outstanding balances, copays if insured, and all fees the day services are rendered if out of network.

\_\_\_\_\_

(Signature)

\_\_\_\_\_

(Date)

I, \_\_\_\_\_, understand and agree to City Psychiatry's updated financial policies and understand I will be responsible for all fees the day services are rendered.