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[ClientName]

Payment Policies

Please read and completely fill out the form below.

This Payment Agreement explains your financial responsibilities for services provided by Tide and Branch Psychiatry, LLC. Please read carefully and sign to indicate your understanding and consent.

Financial Responsibility

I understand that I am financially responsible for all charges incurred for services provided by Tide and Branch Psychiatry. This includes charges not covered, denied, or only partially paid by my insurance company. I agree to pay all co-pays, deductibles, coinsurance, and non-covered services in full at the time of service unless prior arrangements have been made. Before your first scheduled appointment, it is highly recommended to have a valid credit card on file. There is a form below to capture your CC information. We utilize the electronic health record system (PracticeQ) that is HIPAA and PCI Compliant. It is expected that your session be paid for by or at the time of service, unless other arrangements have been made. We reserve the right to cancel an appointment if payment is not made.

Insurance

If I have insurance, Tide and Branch Psychiatry will submit claims on my behalf for plans we accept. I am responsible for ensuring my insurance information is accurate and up to date. If you are using your insurance for your mental health care, you will be asked to fill out a separate authorization to bill insurance. It is your responsibility to know your benefits and to pay for your sessions. If a session is not covered due to lapse of benefits or change in carrier, and you do not notify us of this change, you will be charged our current full fee. I understand that insurance coverage is not guaranteed and that I am ultimately responsible for payment of all charges.

Self-Pay

If I do not have insurance or am choosing to self-pay, I agree to pay the full self-pay rate at the time of service. I understand that self-pay rates are available upon request and are subject to change with prior notice. If you are paying out-of-pocket, or using "out of network benefits", you will be charged according to the Good Faith Estimate Table of the cost of services.

Missed Appointments & Late Cancellations

I understand that missed appointments and cancellations made with less than 24 business hours' notice may result in a fee that is not covered by insurance. These fees must be paid before future appointments can be scheduled. Your signature indicates you understand that if you do not attend a scheduled appointment, you will be charged \$100 unless you cancelled your appointment at least 24 hours in advance. For missed appointments with no notice given, \$100 will be charged.

Outstanding Balances

I agree to keep my account current. Balances over 60 days past due may be subject to late fees, suspension of non-urgent services, and referral to a collections agency. I understand that a re-billing fee/financial charge complying with Georgia State Law will be applied to any overdue balance, and in the

event of non-payment, I will bear the cost of collection and/or court costs and reasonable legal fees should this be required.


Forms, Letters, & Administrative Services

Certain administrative services, such as completing forms, writing letters, extended phone calls, or consultation on your behalf may be subject to additional fees. Your signature indicates that you may be charged for other services rendered on your behalf.

- **EXAMPLES:** Other professional services include report writing, telephone conversations lasting longer than 15 minutes, attendance at meetings with other professionals you have authorized, preparation of treatment summaries, and the time spent performing any other service you may request of us. All these services are charged at a prorated rate of \$100/hour in 15 minute increments.
- If you become involved in legal proceedings that require our participation, you will be expected to pay for any professional time we spend on your legal matter, even if the request comes from another party. [We charge \$400 per hour for professional services we are asked or required to perform in relation to your legal matter].

Accepted Payment Methods

I understand that Tide & Branch Psychiatry accepts cash, credit cards, debit cards, and HSA/FSA cards. Returned or declined payments may be subject to an additional fee.

 **CREDIT CARD INFORMATION**

Name on Card

Credit Card Number

Expiration Date	Security Code	Postal Code

By signing below, I acknowledge that I have read, understand, and agree to the terms of this Payment Agreement. I understand that these policies remain in effect for the duration of my treatment at Tide & Branch Psychiatry, LLC, unless otherwise notified in writing.

If you are a parent or guardian, please state your child's name here:

PATIENT OR LEGAL GUARDIAN Signature

Date