

Columbia Mental Health PATIENT FINANCIAL POLICY

At Columbia Mental Health we are committed to providing high-quality mental health care to our patients. To ensure a seamless and efficient experience for both our valued patients and our dedicated staff, we have established this Patient Financial Policy. This policy outlines the financial responsibilities of our patients, setting clear guidelines for payments, insurance processing, and appointment management.

Your responsibilities:

Insurance Coverage, Co-payments, Coinsurance, and Deductibles:

- You are required to provide current insurance information prior to each visit. You are responsible for notifying us if you have any insurance, address, or other demographic changes.
- If you have multiple insurance coverages, you are responsible for ensuring your insurance companies have the required information to coordinate your benefits.
- You are responsible for all applicable co-payments, coinsurance, un-met deductibles, and services not covered by your insurance plan.

Payment Methods and Credit Card on File:

- A debit or credit card must be kept on file for automatic payment processing up to \$400. You agree that the card will be charged automatically without prior notification at time of service for co-payments and missed appointments, and for any remaining patient responsibility when Columbia Mental Health receives the Explanation of Benefits (EOB) from your insurance company.(excluding Medicaid products).
- We accept payments through MasterCard, Visa, Discover, and AMEX, as well as personal checks.
- A \$25.00 fee will be charged for returned checks due to non-sufficient funds.

Insurance or Third-Party Assignment of Benefits:

- You assign any insurance or third-party benefits available for your services to be paid directly to Columbia Mental Health.
- In the absence of assigned benefits, you agree to forward all payments received for services directly to Columbia Mental Health.

Prompt Payment of Statements:

- It is your responsibility to settle your balance within 14 days of receiving electronic or paper statements.
- Outstanding balances exceeding \$150 must be addressed before scheduling your next appointment.

Non-Covered Services:

- You are accountable for any payments related to goods and services not covered by your insurance plan.

Self-Pay Rates:

- Self-pay rates are available upon request if services are not billed to your insurance company or if you do not have insurance coverage.

Service Fees:

- Columbia Mental Health's fees for services vary based on the type of service provided. The following represents our current fee schedule:
 - Initial Therapeutic Evaluation: \$250-\$400
 - Individual Therapy: \$100-\$250
 - Family and Couples Therapy: \$100-\$300
 - Interventional Services: \$400-\$2,000
 - Medication Management: \$100-\$350
- Please note that these fees represent our standard charges. Your actual payment responsibility may be lower depending on your specific insurance coverage, including contracted rates, deductibles, co-payments, and coinsurance amounts. More detailed information about specific fees for your treatment can be provided upon request.

Missed Appointments/Late Cancellations:

- We require at least 24-hour notice for appointment cancellations.
- Late cancellations and missed appointments will result in a minimum fee of \$50, unless prohibited by your insurance.

I have read and understand Columbia Mental Health Patient Financial Policy. I grant Columbia Mental Health the right to bill and collect from my insurance plan. I acknowledge my financial responsibility for all medical goods and services provided. I agree to accept electronic statements via text/email.

For minors (under 18) or adults with legal guardianship, the parent/legal guardian must sign below.

Patient Name: _____

Patient or Parent/Legal Guardian Name: _____

Signature: _____ Date: _____

Billing questions, concerns and payments may be directed to Patient Financial Services (PFS) at 866-800-2057 or email patientservices@transformationsnetwork.com