Carencia
Mental Healthcare

Financial Agreement & Advanced Beneficiary Notice

Carencia enjoys offering extended visits and combining services during visits, to improve outcomes as well as to offer a more efficient model of care. In order to do this, it is important to understand that we need to collect payments in a timely manner for services provided, as well as outstanding fees that have been applied to your account. The patient by default is the person legally and financially responsible for the account. In the case of the treatment of a minor, only one parent will be listed as the financial guarantor and cannot split responsibility.

We accept most major credit cards, checks, or cash. We ask that a credit card be kept on file via our PFI compliant platform. We will process payment on the card for services rendered or for balances due. We will only charge your card for services provided or fees discussed within this agreement.

For all missed appointments or late cancellations, we will charge the card on file, generally by the end of the respective day or within 24 hours of the visit, however this is not guaranteed and may be at a later time.

Assignment of Benefits

The assignment of benefits authorizes the practice to file the insurance claim, accept payment from the insurance carrier, and collect patient balances directly from the patient and/or guarantor. The Medicare lifetime beneficiary claim authorization gives the provider permission to file claims on behalf of a patient to Medicare.

For those health care providers who accept assignment, I hereby authorize any insurance carrier with whom I have a policy, to pay directly to that provider any benefits of the policy to those health care providers who have rendered services.

Information about me that is necessary to substantiate my insurance claims may be released by the health care provider involved in my care.

Financial Responsibility

I agree to pay all charges that are not paid in full by my assigned insurance and that are part of the insurance plan agreement. If such amounts due to the health care providers are not paid after reasonable notice, my account shall be deemed delinquent and you will be transitioned out of Carencia.

In the event of a missed or late cancel appointment, there will be a fee. A late cancel is considered less than 24 hours in advance. I understand it is my responsibility to notify the office and I must receive confirmation of the receipt of my communication

Medicare Lifetime Beneficiary Claim Authorization

I request that payment of authorized medical benefits be made either to me or on my behalf to Carencia, LLC for any services furnished to me by the provider. I authorize any holder of medical information about me to release to the Center for Medicare and Medicaid Services and its agent any information needed to determine benefits or the benefits payable for related services.

I understand my signature requests that payment be made and I authorize release of medical information necessary to pay the claim. If other health insurance is indicated on item

9 of the CMS-1500 claim form or elsewhere on the approved claim form or electronically submitted claim, my signature authorizes release of information to the insurer or agency shown. In Medicare assigned cases, the provider or supplier agrees to accept that charge determination of the Medicare carrier as the full charge and the patient is responsible only for the deductible, co-insurance, and non-covered services. Co-insurance and deductible are based upon the charge determination of the Medicare carrier.

Credit Card Disputes

In a case in which I dispute a charge with my financial institution, I understand that Carencia will provide my financial institution with any treatment or appointment information necessary to respond to the dispute. This may include personal health information (PHI).

Cash Fee Schedule

Service	Fee
New Patient Evaluation	$225
Follow Up Visit Therapy	$225 Nurse Practitioner | $145 Counselor
Follow Up Visit for Medicine	$150
Missed/Late Cancel Visit	$145 Initial/Therapy | $75 Medication/Follow Up
Venipuncture	$25
Urine Drug Screen Cup*	$15
FMLA/STD (per completion)	$60
Secondary Claim Filing (Time/Admin)	$20
After Hours Visit**	$30
Phone Consultation /After Hour Calls***	$20

Please Note: If we are not in-network with your insurance carrier, you will be responsible for the full-service fee. We will provide you with a receipt you may submit for possible reimbursement at your request, however we do no attempt billing for non-contracted insurance carriers. For your convenience, the service fees are listed below.

**The fee associated with the urine drug screen cup is for the cost of procurement and is not regarding the technical/clinical services of evaluating/analyzing the results of the specimen sample.*

*** After hours visits are considered out of the normal operating hours set forth in our agreement with insurance contracts. The qualifying times and days for this designation are visits after 5:00pm CST and before 8:30am CST. The days this fee covers are Saturday and Sunday of every week and all nationally recognized holidays. This fee is a voluntary fee for those that prefer to have visits after customary hours for their own convenience or needs and is by no means an obligation to attend visits during these times.*

**** After hours phone calls are outside of M-F 8:30am-5pm and are not related to a recent visit, as determined by a 48-hour-window after the most recent visit.*

Notice of

Non-Coverage

If you are using your health insurance, we have reason to believe your plan will likely not pay for the “Items/Services” rendered by Carencia,listed below, due to certain coverage limitations. You can still receive this care, if you or your healthcare provider determine good reason to believe you need it, but it is likely you will have to pay out-of-pocket. We have estimated about how much you may pay under “Estimated Cost” to help you decide whether or not to receive the care listed.

Items/Services	Reason	Estimated Cost
Venipuncture	Not in our contract	$25

Urine Drug Screen Cup*	Not in our contract	$15
Missed/Late Cancel Visit 30 minute	Not in our contract	$75
Missed/Late Cancel Visit 60 minute	Not in our contract	$120
FMLA/STD (per completion)	Not in our contract	$60
Social Security/Formal Disability	Not in our contract	$225
After Hours Visit**	Not in our contract	$30
Prolonged Healthcare Service	Not in our contract	$140
Telephone Consultation	Not in our contract	$20
Specialty Medication Case Management	Not in our contract	$15
Subpoena/Legal	Not in our contract	$500/hr.
Medical Records Request	Not in our contract	$25 for for 20 pages. *+ $0.25 for each additional page.* *+ $10 processing fee.* *+ any postage costs.*

Our rates, fees, and financial policies are all subject to change at any time. Please know it is your responsibility to check the website for the most up to date costs and fees schedule.