



Financial Agreement

Thank you for choosing Harmony Heaven as your healthcare provider. We are committed to building a successful physician-patient relationship with you and your family. Your clear understanding of our Patient Financial Policy is important to our professional relationship. Please understand that payment for services is a part of that relationship. Please ask if you have any questions about our fees, our policies, or your responsibilities. It is your responsibility to notify our office of any patient information changes (i.e., address, name, insurance information, etc.).

Co-pays / Co-Insurance / Deductibles The patient is expected to present an insurance card at each visit. Co-payments, deductibles, and coinsurance are part of the contractual agreement between you and your insurance company. Your insurance company requires us to collect your co-payment in full at the time of service. If your plan also has a deductible and/or coinsurance that hasn't been met, we will bill you following your visit since we can only estimate the future amount due at the time of service. All co-payments and past-due balances are due at the time of check-in unless previous arrangements have been made with a billing coordinator. We accept credit card payments only. Insurance Claims Insurance is a contract between you and your insurance company. In most cases, we are NOT a party of this contract. We will bill your primary insurance company as a courtesy to you. To properly bill your insurance company, we require that you disclose all insurance information, including primary and secondary insurance, as well as any change in insurance information. Failure to provide complete insurance information may result in the patient's responsibility for the entire bill. Although we may estimate what your insurance company may pay, the insurance company makes the final determination of your eligibility and benefits. If your insurance company is not contracted with us, you agree to pay any portion of the charges not covered by insurance, including but not limited to those charges above the usual and customary allowance. If we are out of network for your insurance company and your insurance pays you directly, you are responsible for payment and agree to forward the payment to us immediately. Participating Insurances If your insurance plan is one with which we are not a participating provider, you will be responsible for payment in full.

Self-pay

Accounts Self-pay accounts are for patients without insurance coverage, patients covered by insurance plans in which our practice does not participate, or patients without an insurance card on file with us. It is always the patient's responsibility to know if our practice is participating with their plan. If there is a discrepancy with our information, the patient will be considered self-pay unless otherwise proven.

Convenient, Comprehensive Mental Healthcare Tailored to Your Lifestyle. Self-pay patients will be required to pay \$50 at the initial appointment and will be responsible for all charges that result from professional, medical, or counseling services provided by our clinicians. Payment arrangements are available if needed. Please ask to speak with us to discuss a mutually agreeable payment plan. It is never our intention to cause hardship to our patients, only to provide them with the best care possible and the least amount of stress.

Cancellation of Appointments If it is necessary to cancel a scheduled appointment, we require at least 24 hours advance notice.



Late Cancellations: A late cancellation is considered when a patient fails to cancel their scheduled appointment with a 24- hour advance notice.

No-shows: a no-show is when a patient misses an appointment with no notice or shows up too late to the appointment to be seen. A \$50.00 fee will be billed to your account for late cancellations and no-shows.

Medical Record Copies Patients requesting copies of medical records will be charged a reasonable, cost-based fee. If payment is not made on the account, a single phone call will be made to try to make payment arrangements. If no resolution can be made, the account will be sent to the collection agency or attorney and possible discharge from the practice. In the event an account is turned over for collections, the person financially responsible for the account will be responsible for all collections costs, including attorney fees and court costs. Regardless of any personal arrangements that a patient might have outside of our office if you are over 18 years of age and receiving treatment, you are ultimately responsible for payment of the service. Our office will not bill any other personal party. This financial policy helps Harmony Heaven provide quality care to our valued patients. If you have any questions or need clarification of any of the above policies, please contact us. Harmony Heaven RESERVES THE RIGHT TO CHANGE AND/OR MODIFY THE INFORMATION ON THIS SITE AT ANY TIME.

Signature of the Patient or Responsible Party

Date