Integrative Psychiatry Northwest PLLC

This Financial Agreement ("Agreement") includes and describes financial practice information Integrative Psychiatry Northwest PLLC ("Integrative Psychiatry Northwest" or "iPNW" or "the company") that you will need to review and consent to. Please review it carefully.

Fees for Services

- Initial intake appointments - $350
- One hour follow up appointments - $250
- Follow up appointments - $200
- Late Cancellation/No Show – refer to next section below

Late Cancellation and Missed Appointment Fees
If you are unable to meet for your scheduled appointment, you need to provide a minimum of 48-hour notice. If you do not cancel your appointment with 48-hour notice, of if you are late for your appointment, you may incur a missed appointment/late cancellation fee as follows:

- $50 for missing a 30-minute follow up appointment
- $100 for missing a 60-minute initial intake or 60-minute follow up appointment

These charges are irrespective of the reason for the missed appointment/late cancellation and are your financial responsibility. Cancellation fees cannot be billed to your insurance.
Possible Additional Fees
For additional information on the following fees, please refer to our "Services Agreement"

- Up to $150 for requests for form completion
- Up to $50 for repeated refill requests outside of appointments
- Up to $50 per quarter for controlled substance prescription management services

Financial Responsibility and Insurance Billing Practices

Patient Responsibility
Payment in full is due at the time of each session. You are encouraged to contact your insurance carrier for full disclosure of your insurance policy benefits and how they will apply to payments and out of pocket costs. You are responsible for any difference between the fee for service and the contracted amount paid by your insurance.

Insurance
If you choose to use your insurance benefits for services, it is your responsibility to verify iPNW and its providers' network status prior to your first visit. If in network with your insurance carrier, your financial responsibility for each visit is determined by your insurance carrier's allowed amount for the service provided. If out-of-network, or denied due to network status, you agree to pay the applicable rates or pay, as required by your insurance carrier.
If you have a change in insurance, it is your responsibility to inform iPNW as soon as possible.

Eligibility Verification
Please provide complete and accurate insurance information. This will be used to verify initial benefit eligibility. It is ultimately your responsibility to ensure all care services you receive will be covered by your insurance.

Prior Authorization
It is your responsibility to obtain any prior authorization(s) required by your insurance plan for care and services (including appointments, labwork, etc). Any additional cost to you for not having obtained proper

prior authorization will be your financial responsibility.

Insurance Denials
Any claims returned or denied by your insurance for any reason, including lapse in insurance coverage, eligibility issues, or coordination of care reasons (primary vs. secondary insurance issues), will be billed to you directly and are your responsibility to pay in full.

Collections Efforts
If you do not have a credit card on file, or your card is declined, we will connect with you to collect payment for any balance that is your responsibility. If you believe that there is an error on your statement, please let iPNW know as soon as possible. Payment plans may be available.
Unpaid balances may be turned over to an outside collections agencies. This can result in negative marks on your credit.

Financial Responsibility
By signing below, you authorize Integrative Psychiatry Northwest PLLC to release information to the insurance carrier(s) on file and be paid directly by insurance carrier(s) for services billed. You acknowledge that you are responsible for all charges not paid by your insurance carrier(s). If you are uninsured or choose not to use insurance, you acknowledge that you have the right to receive a Good Faith Estimate of expected charges for non-emergency services and that you may request this estimate at any time. You also authorize Integrative Psychiatry Northwest PLLC to charge any credit card(s) on file for charges deemed as ‘patient responsibility’ by your insurance company, for applicable cancellation fees, for up-front fees prior to telehealth sessions, and/or for private pay rates and all other applicable fees. You also acknowledge that you may request a copy of your account's statement at any time.