Enhance Psych, Inc.

Raj Loungani, MD, MPH

PATIENT FINANCIAL POLICY

Patient Name:_____ Today's Date: ____/____/____

BILLING AND PAYMENT METHODS. I understand that Enhance Psych does not accept insurance, Medicare, or Medicaid, and that I am fully responsible for all financial obligations incurred related to my evaluation and treatment with Enhance Psych or Psychiatric Nurse Practitioner, Kristen Huber. I understand that payment is due in full at the time of service. I understand that Enhance Psych accepts the following forms of payment: Credit card (Visa, MasterCard, Discover, AMEX), debit card, HSA/FSA card, check or cash. I also understand that I am required to keep a credit card on file with Enhance Psych, and authorize Enhance Psych to automatically bill my credit card if I do not make payment at the time the service is provided, or if I otherwise incur any charges in accordance with this Patient Financial Policy.

INSURANCE CLAIMS. I understand that I am responsible for submitting out-of-network claims for insurance reimbursement. I authorize Enhance Psych and his staff to release any information necessary for such claims processing. I understand that there is no guarantee of payment by any insurance company or third party payer and I am ultimately responsible for payment in full at the time of service.

EXPLANATION OF FEES AND CHARGES:

INITIAL VISIT FEE. I understand that Enhance Psych charges **$899.99** for an initial adult patient visit and **$999.99** for initial child/adolescent patient visit with Psychiatrist, Dr. Raj Loungani. Psychiatric Nurse Practitioner, Kristen Huber, charges **$499.99** for initial adult patient visit and **$599.99** for initial child/adolescent patient visit

FOLLOW-UP VISITS AND FEES FOR EXTENSIVE COMMUNICATION. I understand that Psychiatrist, Dr. Raj Loungani, charges for adult patient follow-up visits: **$349.99** for 25 min. med management visit, **$499.99** for 50 min. psychotherapy +/- med management visit, and **$649.99** for 75 min. psychotherapy +/- med management visit. He charges for child/adolescent patient follow-up visits: **$399.99** for 25 min. med management visit, **$599.99** for 50 min. psychotherapy +/- med management visit, and **$699.99** for 75 min. psychotherapy +/- med management visit.

I understand that Psychiatric Nurse Practitioner, Kristen Huber, charges for follow-up visits: **$199.99** for 25 min. med management visit, **$299.99** for 50 min. psychotherapy +/- med management visit, and **$399.99** for 75 min. psychotherapy +/- med management visit. She charges for child/adolescent patient follow-up visits: **$249.99**f or 25 min. med management visit, **$399.99** for 50 min. psychotherapy +/- med management visit, and **$499.99** for 75 min. psychotherapy +/- med management visit.

I understand that Enhance Psych charges for extensive communication (including extensive texts, phone calls, or emails), based upon the length of the visit/communication and the complexity of the matter involved, which may correspond to various medical billing codes. I understand that Enhance Psych charges for prescriptions between visits (**$29.99**), Prior Authorizations, forms or letters, based on the length of time required to complete them (**$49.99** per 15 minutes to **$99.99** for 30 minutes). I understand that Enhance Psych charges for the time and postage required to process medication samples, gene testing kits, or other therapeutic materials by snail mail (**$49.99**) or delivery. I understand that there is no financial charge for phone calls to Enhance Psych regarding appointment scheduling, billing, and other routine administrative matters.

NO-SHOW/LATE CANCELLATION FEE. I understand I will be responsible for paying a no-show fee of the cost of the missed appointment or appointments not cancelled at least 48 hours in advance of the scheduled appointment.

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Raj Loungani, MD, MPH

DELINQUENT ACCOUNTS. Should your account be placed with a collection agency due to delinquent status, the administrative cost of such action, along with any attorneys' fees and court costs, will be added to the balance of the account at the time of placement with the collection agency.

Patient or Parent/Legal Guardian Name:_____

Signature_____ Date ____/____/____

CREDIT CARD AUTHORIZATION

Patient Name:_____ Today's Date: ____/____/____

In accordance with the Patient Financial Policy, I understand that all payments are due at the time of service. Any charges not paid in full at the time of service, as well as any other fees charged in accordance with the Patient Financial Policy, will be automatically charged to my credit card.

Name on Credit Card: _____

Billing Address: _____

_____

Card Number: _____

Expiration Date: _____

3-Digit CVS Code (on back of card), for AMEX 4-Digit Code (on front of card): _____

Type of Card (please circle one): Visa MasterCard Discover AMEX

I hereby authorize Enhance Psych, Inc. and Raj Loungani, MD, MPH, to maintain my credit card information on file and to charge my credit card for any services rendered if payment is not otherwise made at the time of my appointment or IF other payment arrangements are not approved by Enhance Psych. I also authorize the charge on my credit card for any fees incurred in accordance with the Patient Financial Policy, including, but not limited to, late cancellation fees and returned check fees. I understand that any charges to my credit card will appear on my credit card statement as being billed by "Enhance Psych."

Patient or Parent/Legal Guardian Name:_____

Signature_____ Date ____/____/____