

- We strongly encourage you to become familiar with your insurance policy and understand the extent of mental health and/or addiction services coverage. **You** should check to see the requirements of your plan before your next appointment. The fee allowed or paid by your insurance and the co-pay may vary with the policy or the contract that **Mercyland Psychiatry** has with your insurance carrier. It is your responsibility to pay any portion of the bill not covered by insurance. **The fees listed below are for self pay only.** Fees for insurance and managed care patient are negotiated with the contracted company.
- Co-payment is due at the time of your appointment.
- If you are self-pay, you will be required to pay one-half of the session fee at the time of each appointment and set-up a payment plan.
- Mercyland Psychiatry **will not** enter into any dispute with your insurance carrier. Should they fail to pay, you are responsible to pay the unpaid balance, in-full thirty (30) days after our appointment.
- An individual may be involuntarily discharged from treatment services for their inability to pay for services under certain circumstances. **Mercyland Psychiatry** may turn over any outstanding bill to a collection agency if appropriate and adequate payment arrangements are not reached.
- If we can be of any assistance in helping you understand your coverage, please feel free to ask us.

The fee charged for the initial assessment, usually 60 minutes in length, is billed at:	\$484
Medication evaluation and management will be billed based on complexity at:	From \$268
If psychotherapy is provided in addition to the medication evaluation and management, there will an additional charge for psychotherapy of:	From \$202
When I am directly involved in providing crisis services the fee is:	\$267 (60 minutes) + \$188 (per 30 minutes)

- Missed sessions and those cancelled without 24 hours' notice shall be billed at one-half the session fee.
 - Insurance companies and medical assistance generally do not cover this fee.
- *If you have more than 2 missed sessions without cause, treatment will be terminated.*

I acknowledge that I have read and understand the fee policy information listed above.

Patient/Guardian Signature

Date Time