

# Financial Policy

## Mindful Northwest Affiliate of Northwest Family Life

**INSURANCE VERIFICATIONS** - Before the initial office visit, my billing company will contact the client's insurance company to determine specific benefits. We will inquire if there is a deductible, co-pay, co-insurance, what services are covered, and whether or not a referral or prior authorization is necessary.

**The information we receive is not a guarantee of the client's actual benefits and is subject to final processing by the client's insurance company. The client is responsible for all fees not covered by the insurance company.**

**PAYMENT ARRANGEMENTS** – Should clients need to make special payment arrangements, please speak with my billing company by calling (360) 805-0323. Payment arrangements are based on the total balance due. Any and all accounts that become 90 days delinquent are subject to collections.

**PRIVATE BILLINGS** - For clients without insurance coverage, full payment is due at time of service. All clients are quoted a fee for the office visit and are expected to pay at the time of the appointment. My financial policy does offer a fee at time of service rate if you do not have insurance or do not wish to utilize your insurance.

**FORMS OF PAYMENT** – In addition to cash or check, we kindly accept Visa, MasterCard, and Discovery for payment of services. There will be a \$35.00 fee for checks returned for insufficient funds.

**COLLECTION NOTICE** – I understand that any and all accounts that become 90 days delinquent are subject to collections and may incur a \$25.00 collection fee.

**Insurance Company:** \_\_\_\_\_ **ID#:** \_\_\_\_\_

**Subscriber Name:** \_\_\_\_\_ **Group#:** \_\_\_\_\_

**I certify that I am eligible for benefits under my prepaid health benefit plan. In the event that I am later found to be ineligible or in consideration of being treated without proof of eligibility, I agree to pay for any and all services provided by my individual practitioner based upon regular fees then in effect.**

**I understand that all Co-pays will be due at the time of service and that all non-covered, co-insurance, and Deductible amounts must be paid within 30 days of receipt of notice from my insurance or Prestige Medical Billing Company.**

**I grant permission to Prestige Medical Billing Co., Inc. to submit claims on my behalf to my insurance carrier for services provided by Mindful Northwest.**

**I authorize the release of any medical or other information necessary to process my claims.**

**I authorize payment of medical benefits to Mindful Northwest directly from my insurance carrier.**

## **CLIENT FEE SCHEDULE**

Psychiatric diagnostic interview (90791)	\$200.00 – 60 minutes
Individual Session 30 min. (90832)	\$75.00 – 20-30 minutes
Individual Session 45 min. (90834)	\$112.50 – 45-50 minutes
Individual Session 60 min. (90837)	\$150.00 – 75-80 minutes
Family Session w/ Patient Present (90847)	\$175.00 – 60 minutes
Family Session w/out Patient Present (90846)	\$175.00 – 60 minutes
Forms and letters outside of appointment	\$150.00/hour, billed in increments of 15 min.
Letters for attorneys billed at separate rate	\$250.00/hour
Clerical fee for searching/handling records, per WAC	\$24.00
Pages 1-30 (copying fee), per WAC	\$1.09 per page
Pages 31+ (copying fee), per WAC	\$0.82 per page
Editing of confidential information, per WAC	\$150.00/hour
Returned check fee, plus original amount due	\$35.00
No show or late cancel fee for follow-up clinic visits	Equivalent to your appointment Charge
Collection Fee	\$25.00

I have read and understood the above information and have been provided with a copy at my request.

**Patient Signature or Parent/Guardian (if under 18 years of age)**

**DATE**

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**Patient Name**

**Patient D.O.B.**

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