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INTENSIVE OUTPATIENT PROGRAM PROCEDURES AND FINANCIAL AGREEMENT

Please read, initial, and sign below. You may request a copy for your records.

Chrysalis Center's Intensive Outpatient Program (IOP) is a healthcare facility that treats adult participants with a primary diagnosis of an eating disorder. Your contract for services is with our facility and applies to any and all providers that serve in IOP.

SERVICES:

Chrysalis Center's IOP is an outpatient program that meets 3 days per week, 4 hours per day from 3 to 7 pm. Please arrive on time in order to ensure that you can participate in the entire program for the day. Please arrive on time, as you cut down on your appointment time when you arrive late. The usual length of an IOP schedule per diem is 4 hours. This will include a combined variation of group therapy, meal group, and medical monitoring. If you arrive more than 15 minutes late to any scheduled service of your day, this will be considered a no-show for the day, and you will not be permitted to participate in the remainder of that IOP day. You will still be responsible for in a *late-cancellation* charge. Excused absences will be approved on a case by case basis by Clinical Director.

Professional fees (individual therapy and nutrition sessions, medication management, family/couple therapy) are charged separately from facility fees (IOP services include groups, check in, and meals). Please refer to the Office Procedures and Financial Agreement for those policies. Our facility files professional fees separately from facility fees for IOP services.

Late cancellations/No shows: Due to the IOP occupancy limits, these services cannot be occupied by another client. Therefore, **if you do not show up or late cancel for a scheduled IOP day, you will be charged a no-show fee of \$100.** If you have a medical problem that requires you to miss IOP in order to go to the doctor on an emergent basis, the fee may be waived if you provide a doctor's note corroborating your visit (the note must include the time you were there, what you were treated for, and any treatment plan or medication that was provided). If you do not show up and have not contacted us, we will attempt to contact you and your emergency contact person if we are unable to reach you.

Please Note: any absences must be approved by the clinical director in order to be considered an excused absence and any planned absences must be requested at least one week prior to the day(s) you will not be here. Repeated late-cancellations and/or no-shows may result in dismissal from treatment, at our discretion.

INSURANCE:

As a courtesy to you, we will bill rendered services to your insurance carrier. We do not accept Medicaid or Medicare in this program. Typically, insurance carriers require a prior authorization before admitting to an IOP program. Our staff will discuss with you what is needed to obtain the authorization and contact your insurance carrier before admitting to IOP. Our staff will notify you of the authorization details once it is received. Insurance co-payments, coinsurances, and deductible payments are due at the time of service. However, verification of eligibility and/or benefit information is not a guarantee of payment by your insurer. Your benefits will be determined once a claim is processed by your insurer, which will be based upon your eligibility and the terms of your certificate of coverage applicable on the date services were rendered. In the event of non-payment from your carrier, you are responsible for payment to Chrysalis for services rendered and you will be responsible for handling any disputes with your insurance carrier. *It is your responsibility to be aware of your insurance benefits and needs for pre-authorization. Any services not covered by your insurance are your responsibility.*

Please note: treatment information including diagnosis, type of treatment, costs of service, dates of service, and providers, may be shared with your insurance carrier for reimbursement purposes. Please be aware that any information communicated to your carrier may affect your benefits. If you decide to file through insurance, we reserve the right to share this information with your carrier upon their request.

OUTSTANDING BALANCE: You are responsible for paying any outstanding balances due on your account. Once we receive an Explanation of Benefits from your insurance carrier, your balance may be adjusted based on your carrier's allowed amount. If you are unable to pay your balance in full, a signed *payment plan agreement* will be implemented immediately. Payment plans may be arranged with the Practice Manager. Any balance not paid in 90 days will be subject to collections. Failure to adhere to your payment plan is grounds for discontinuation of services. Note: If you previously discontinued your care or were discharged from

treatment, and you desire to resume receiving services at Chrysalis, you will be expected to remit any unpaid balance prior to being seen.

Late Fees: A late fee of \$25 will be charged to delinquent accounts that are not paid within 90 days of the issue date of the first bill and will also be referred to a third-party collection agency. You will continue to be responsible for all associated collections and fees.

ADDITIONAL SERVICES

Extensive services that involve clinical coordination and continuity of care may constitute an additional fee that is separate from IOP services. Phone calls that are extended and/or that constitute therapy may require an additional fee. These additional services will be charged up to \$90/hour.

Changes to the Policy: Chrysalis Center reserves the right to change this agreement as necessary and in accordance with all applicable laws. Current copies of this agreement can be requested anytime and are available on our website.

PAYMENT:

All IOP clients are required to place a credit card on file. Every Friday you will be charged the appropriate fees for that week, based on your insurance, deductibles, and co-pays. Outpatient services will be billed separately unless otherwise requested by the client. Payment is required, whether you are a self-pay client or have insurance coverage. All clients will be asked to put a credit card on file in order to facilitate this process.

Name (as it appears on the card): _____

Card Number: _____

Phone number of credit card holder: _____ Billing Zip code: _____

Expiration Date: _____ CVV/CVC: _____

Signature of Cardholder: _____

Please initial at each line and sign below to indicate that you have read, understood, and agree to the above policies. For minors, parent/guardian must sign.

_____ I have read, understand, and agree to the above policies.

_____ I have discussed these policies and addressed concerns and questions with the Practice Manager.

_____ I have been offered a copy of these policies to take with me if I desire.

_____ I authorize Chrysalis to release any information acquired in the course of my therapy to my insurance company as needed.

_____ I understand my insurance coverage is a relationship between me and my insurance company and I agree to accept financial responsibility for payment of charges incurred.

_____ I understand that the credit card on file will be charged for IOP services on a weekly basis.

Signature of Client

Date