



3240 Burnt Mill Drive ▪ Suite 1 ▪ Wilmington, NC 28403 ▪ Tel: 910-790-9500 ▪ Fax: 910-796-8111

OFFICE PROCEDURES AND FINANCIAL AGREEMENT

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

Chrysalis is a business office where a number of mental health professionals, registered dietitians, and a psychiatric provider practice. Your contract for services is with our office and applies to any and all providers you may see here.

APPOINTMENTS: All office visits are by appointment and scheduled through our administrative staff. Please arrive on time, as you cut down on your appointment time when you arrive late. Appointment lengths vary depending on the type of provider seen. If you arrive more than 15 minutes late for a 50 minute appointment or 7 minutes late for a 30 minute appointment, you will be asked to reschedule your appointment, which will result in a late cancellation charge.

RECORDING DEVICES: The use of recording devices by clients, clinicians, and other persons present during a session, group or other clinical interaction, whether face-to-face or taking place by live textual, audio, or video link is strictly prohibited. Administrative calls may be monitored for quality assurance.

BLUEPRINT: Blueprint respects the privacy of all users and will never sell any personally identifiable data. You own your data at all times and can always request your data and account to be deleted by sending an email to support@blueprint-health.com with the subject of "Account Deletion." You can view Blueprint's privacy policy in detail at www.blueprint-health.com/privacy. Measuring your progress through Blueprint may be considered a billable service by your provider towards your insurance plan and as a result may result in additional co-payments, amounts applied to deductibles, and other amounts that may be deemed the responsibility of the patient as required by contract with the insurance plan and state regulations.

PAYMENT: Payment is required at the time services are rendered, whether you are a self-pay client or have insurance coverage. Acceptable methods of payment include cash, check, VISA or Master Card. *The fee for returned checks is \$35. If a check is returned, you will be asked to arrange another method of payment.*

All clients are required to place a credit card on file in order to facilitate collection of payment. If estimated payment (copay, deductible, coinsurance, cash rates) is not received by the end of the date of service, the card on file will be charged. In the case that insurance reimburses different amounts than the estimated payment (copay, deductible, coinsurance, cash rates) taken, credits and debits will be applied to the card as necessary. If the card declines, you will have until one business day prior to your next appointment to provide current and valid card information or your scheduled session will be canceled and payment in full will be required before you can reschedule. A patient portal via our electronic medical records system will be provided to view and track payments.

Name (as it appears on the card): _____

Card Number: _____

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

Expiration Date: _____ CVV/CVC: _____

Late cancellations/No shows: For a missed or late cancelled appointment, you will be charged up to \$90 for the appointment. Please note: both clinical and nutritional appointments must be cancelled no less than one business day before the scheduled appointment. Please be advised that reminders are a courtesy, and you will be billed for late cancellations and no-shows regardless of whether or not you received the reminder message. 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. 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 the client's responsibility to pay at our self-pay rates.

Unless otherwise notified, the insurance policy holder will be financially responsible for any balance on the client's account. Please make one of our administrative staff aware if the billing address is different than the home address on file.

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 an account accrues two or more unpaid sessions, ongoing services may be immediately postponed until full remittance is received. Please be advised that if Chrysalis does not receive payment in full for services rendered, your treatment may be discontinued.

If you are unable to pay your balance in full, a signed *payment plan agreement* will be implemented immediately. Failure to adhere to your payment plan is grounds for discontinuation of services. 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. Payment plans may be arranged with our administrative staff. Any balance not paid in 90 days will be subject to collections.

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 may also be referred to a third-party collection agency. You will continue to be responsible for all associated collections and fees.

ADDITIONAL SERVICES: In some circumstances, depending on the time involved and nature of task, you may be charged for additional services, such as extended sessions, scoring psychological testing, preparing a psychological report, writing letters of advocacy or documentation on your behalf, extensive clinical coordination, and extended consultations with other providers regarding your treatment. Phone calls that are extended and/or that constitute therapy may require an additional fee. These additional services will be charged up to \$100/hour.

Testing Fees: Charges for psychological testing apply to all tests taken and scored. Sometimes, insurance companies do not reimburse for testing. In this event, you will be responsible for uncovered testing costs at our self-pay rate.

Conjoint Sessions (with more than one therapist): Conjoint sessions will be billed according to your benefits, which may result in a self-pay rate.

Paperwork: No provider at Chrysalis will fill out any forms (FMLA, short- or long-term disability, etc.) for clients who are not already established at Chrysalis (5+ sessions with one provider), and at the clinician's discretion. Providers have the right to decline paperwork requests that they are unable/unwilling to complete. Processing time may vary. Paperwork fees are based on the complexity of the paperwork. Providers may also require an appointment be scheduled to fully complete the paperwork. The following fee schedule applies:

- ❖ Simple letter or disability initial form requiring less than a paragraph (ex. letter for exemptions for work/jury duty, verification of treatment) = \$20.00
- ❖ Moderately complex letter or disability form (ex. request for accommodations, ESA) = \$40
- ❖ High complexity letter or disability form (e. FMLA/disability/LOA, anything more detailed than 1-2 pages) = \$60
- ❖ Client requested communication with individuals not directly involved in client's treatment (such as teachers, lawyers, etc.): These fees are usually not reimbursable by your insurance and will not be submitted for payment. Self-pay is required at the rate of \$30 per 15 minutes. If your provider would prefer that you be present, you will be billed for an office visit.
- ❖ Court-related costs: Our providers generally DO NOT testify in court, if your provider is subpoenaed to testify in court, a fee of \$300 per hour (including preparation time and travel time) will be charged.
- ❖ Psychotherapy with your medication management provider: Cost and treatment plan may vary depending on the nature and length of session.
- ❖ Self- Pay rate 16-37 minutes= \$50
- ❖ 38-52 minutes= \$75

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.

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

_____ I understand that the credit card on file will be charged for services rendered if I do not make alternative arrangements at time of service

_____ I have discussed these policies and addressed concerns and questions with the administrative staff if needed.

Initial and date by administrative staff if questions were addressed: _____

Signature of Client

Date

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.