10395 Double R Blvd • Reno, NV 89521 | 775-525-SUGI | www.sugipsychiatry.com

FINANCIAL POLICY

Thank you for choosing Sugi Psychiatry and Wellness! It is our belief that establishing a written financial policy is mutually beneficial to all parties. It is our goal to avoid any miscommunication or concerns regarding financial matters in order to focus our energies on providing excellent healthcare services to our patients.

PAYMENTS AND FEES

Out-of-pocket payments, co-payments and deductible amounts are due at the time of service. In the case of services provided to patients under the age of 18, the parent, guardian or legal representative who initiates the services for the minor will be responsible for payment. We do not bill another individual or estranged spouse for payment. Your credit card information will be securely kept on file and charged any applicable out-of-pocket payments, co-payments and deductible amounts due at the time of service. **Any outstanding balances remaining on your account** (to include, but not limited to, co-payments, out-of-pocket payments, deductible amounts, no-show fees, and/or coinsurance balances more than 90 days past due) **must be paid in full at least 5 days prior to your next scheduled appointment** or your appointment will be cancelled and you will not be permitted to reschedule any future appointments until your account balance is paid in full or a payment plan is put in place with our billing office. If you continue to have an unpaid balance over 90 days past due without an authorized payment plan in place with our billing office, your treatment services through Sugi Psychiatry and Wellness may be terminated.

NO-SHOWS/LATE CANCELLATIONS

Keeping scheduled appointments is an important part of your treatment. Sporadic attendance hinders the efforts of our providers trying to help you, and it limits the effectiveness of your treatment. Missed appointments are not only a loss for you, but also to your provider and other patients that could have been seen. Our policy is to charge a no-show fee for missed or late cancelled appointments. Appointments that are **cancelled less than 24 hours prior** to your scheduled visit are considered to be a late cancellation. Missed appointments and/or late cancellations will be assessed a no-show fee starting at $50.00 (subject to change). **This Charge is non-payable by insurance and is the responsibility of the patient.** Your credit card information will be kept securely on file and charged for any "no show" appointments. **This fee must be paid in full before we can reschedule an appointment for you, and no refills on medications will be prescribed until the fee is paid.** As a courtesy to our patients, our office staff will remind patients of their appointments via telephone call and/or email prior to their scheduled visit. Please make sure that we have your current phone number and email address on file. Continued missed appointments and/or late cancellations may lead to termination of treatment services.

INSURANCE

You can find the list of insurances we accept currently on our website (www.sugipsychiatry.com) or by calling our office at (775) 507-2606. If we are a contracted provider for your insurance plan, we will bill the insurance directly. *We do not file claims to any insurance plan in which we do not participate.* Every insurance policy varies with respect to the specific benefits and coverage provided. The agreement of the insurance carrier to pay for health care is a contract between you and the insurance company, therefore **IT IS ULTIMATELY YOUR RESPONSIBILITY TO CHECK WITH YOUR INSURANCE COMPANY TO DETERMINE COVERED BENEFITS.** Any questions or complaints regarding coverage should be directed to your insurance company.

We bill our patient's health insurance as a courtesy. Therefore, each patient is responsible for providing us with current and accurate insurance information. **For us to bill your insurance we must have your insurance information prior to your appointment to get any required authorizations.** Failure to do so may result in your care being delayed or denied by your insurance carrier or you being billed directly for services rendered.

If your insurance policy changes, please call our office to inform us of your new policy and bring your insurance card with you to your next appointment. (For telemedicine appointments: please send us a copy of your new insurance card prior to your next scheduled telemedicine appointment.)

DENIED SERVICES

If a service is denied or not covered by your insurance, the lesser of the balance regarded as the patient's responsibility

by the insurance company or the cash pay rate for the service will be due from the patient. Payment is required even if the patient is disputing the claim with their insurance company.

AUTHORIZATIONS

The patient must notify Sugi Psychiatry and Wellness of any authorizations that are required for services provided by this office. Contact your insurance carrier to determine whether an authorization is needed for outpatient mental health services. If the correct authorization is not acquired prior to the time of service, the patient recognizes that this may result in a denial of coverage, and the balance of the claim will be billed to the patient.

UDS/BREATHALYZER TESTING BILLING CONSENT AND DISCLOSURE

Sugi Psychiatry and Wellness has set up in-house laboratory testing to provide a convenient and more affordable option to comply with our controlled substance prescribing policies. All Patients receiving Urinary Drug Screening/Breathalyzer Testing in-house will have their lab tests billed to their insurance on file at the time of their visit. Please be advised that laboratory testing performed by our facility may not be covered under your policy, and therefore you may be subject to a separate deductible or copayment for UDS/Breathalyzer testing done in our facility. The CPT code we bill for UDS testing is 80307, the CPT code we bill for pregnancy testing is 81025, and the CPT code used for Breathalyzer testing is 82075. It is your responsibility to confirm with your insurance plan that our facility is covered for the above charge codes**. By participating in UDS testing at our facility you are consenting to be billed for this service.**

Patients may opt to get UDS / Breathalyzer testing completed at an outside laboratory that is covered under their insurance plan. If so, please note that C2-5 prescriptions may not be refilled until Sugi Psychiatry and Wellness receives lab tests results from the outside laboratory.

PSYCHOMETRIC TESTING BILLING CONSENT AND DISCLOSURE

Sugi Psychiatry and Wellness has set up in-house psychometric testing to provide a convenient option for patients. All Patients receiving ADHD testing, MCI Testing, or behavioral assessments will have those tests billed to their insurance on file at the time of their visit. Please be advised that psychometric testing performed by our facility may not be covered under your policy, and therefore you may be subject to a separate deductible or copayment for ADHD testing, MCI testing, or other behavioral assessments done in our facility. The CPT code we bill for ADHD and MCI Testing is 96130 and the CPT code used for other behavioral assessments is 96127. It is your responsibility to confirm with your insurance plan that our facility is covered for the above charge codes**. By participating in psychometric testing & behavioral assessments at our facility you are consenting to be billed for this service.**

SELF PAY PATIENTS

For uninsured patients, payment is due IN FULL at the time of service and will be billed at the following cash pay rates (these rates are subject to change): $300 for initial psychiatry appointments; $200 for follow-up psychiatry appointments; $15 for Injection-Only MA Appointments; $200 for initial therapy appointments; $160 for follow-up therapy appointments. Uninsured Patients receiving Urinary Drug Screening/Breathalyzer Testing in-house will have their lab tests billed to them at the following cash pay rate: $30 per date of service. Uninsured Patients who are administered Psychometric Testing (ADHD, MCI) will have those tests billed to them at the following cash pay rate: $100 per date of service. Patients who are administered behavioral assessments (PHQ-9, GAD-7, MDQ, among others) will have those assessments billed to them at the following cash pay rate: $5 per date of service.

REFUNDS

Refunds are issued only after all balances have been reconciled with Sugi Psychiatry and Wellness. Refunds of more than $20 will be mailed to the address on file.

DELINQUENCIES

If payment from your insurance carrier is not received within 60 days of filing your claim, you may be billed for the entire amount of the charges. Once our office has received payment from your insurance carrier(s), you will be billed for any remaining patient responsibilities (e.g. co-payments, deductibles, co-insurance). Any balance that is not paid within 90 days of receiving a bill from our office will be sent to collections. A delinquent account may be charged interest at the highest possible legal rate. If an account is sent for collections, you will be responsible for all the cost of such action. Including, but not limited to, collection agency fees, interest and/or attorney's fees which may add up to 40% of your balance plus the original balance.

If you continue to have an unpaid balance over 90 days past due, without a payment arrangement made with our billing office, your treatment services through Sugi Psychiatry and Wellness may be terminated. In this case, you will be notified

by certified letter that you will no longer be receiving services from Sugi Psychiatry and Wellness, and no further treatment (appointments, phone calls, prescription refills, etc.) will be provided.

I hereby confirm that I have read, understand, and agree to comply with Sugi Psychiatry and Wellness's Financial Policy.
I understand that if I do not sign this consent, or later revoke it, the Practice may decline to provide treatment to me.

_____	_____
Patient Name	*Patient Date of Birth*
_____	_____
Signature	*Date*
_____	_____
Responsible Party Name (If other than Patient)	*Relationship to Patient*