



Patient Financial Policy

Overview: We are committed to providing the highest level of care and service. Understanding your financial responsibilities is an essential part of your treatment and care. If you have any questions regarding these policies, please discuss them with our staff.

Payment Policies:

- **Payment Due:** Full payment is required at the time of service unless other arrangements have been made in advance. We accept checks (payable to Mid Cities Psychiatry), cash, debit cards, and credit cards for your convenience.
- **Insurance Coverage:**
 - **In-network Insurance:** We have agreements with many insurers and health plans. We will bill these plans directly, and you are only responsible for the co-payment at the time of service.
 - **Out-of-network Insurance:** If we do not have an agreement with your insurer, we will still send claims on your behalf. Be aware that your share of costs may be higher with non-contracted providers.
 - **Service Coverage:** Not all services may be covered by your insurance. Services deemed “not covered” by your insurance will require full payment by you upon receipt of our statement.
 - **Insurance Claim Processing:** Do not assume your insurance is processing your claim. If no payment notification is received within 30-45 days post-treatment, contact your insurance directly. You are responsible for any services not reimbursed by your insurance.
- **Responsibilities for Minor Patients:**
 - Payment for services rendered to minors must be fulfilled by the accompanying adult or the custodial parent/guardian.
- **Additional Information:**
 - **Authorization Requests:** If your insurance requires prior authorization or a referral, please notify our staff in advance so we can comply with these requirements.
 - **Insurance Delays or Denials:** Engage with your insurer or benefits office promptly if there are delays. You consent to pay directly for services deemed non-medically necessary by your insurer.
 - **Non-Sufficient Funds (NSF) fees:** NSF fees \$25.00 will be charged for failed transactions for bounced checks or declined ACH payments.

By my signature below, I acknowledge and understand that it is ultimately my responsibility and obligation to be aware of my insurance’s requirements, coverages, deductibles and payments.

I have reviewed and accept the terms of Mid Cities Psychiatry’s Practice Policy. I agree to adhere to and be legally bound by these terms. I acknowledge that Mid Cities Psychiatry retains the right to amend its Practice Policy at any time.

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