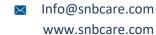


Financial Policy

- 1. As a patient of SNBCare, I understand that paying my bill is a part of my treatment process and it is important that I understand the following:
- 2. SNBCare provides me an estimated patient responsibility before my appointment but I do understand that this is an estimated financial responsibility and final determination can only be calculated once the claims are processed from my Insurance.
- 3. I do take complete financial responsibility for the amount applied by my insurance.
- **4.** I understand that Co-pays must be paid at the time of my visit. SNBCare accepts payment in the form of checks and/or credit cards.
- **5.** Deductibles and co-pays are the responsibility of the patient and must be paid. I understand that payment arrangements can be made based on financial need.
- **6.** In order to prevent co-pay balances from accruing, any unpaid co-pay must be paid no later than my next follow up visit.
- **7.** SNBCare has payment options available as it is very important that payments are made on a consistent and timely basis to avoid any disruption of treatment.
- **8.** I may be charged a fee of \$35 for reprocessing returned checks due to insufficient funds.
- **9.** It is the patient's responsibility to provide accurate insurance information, including any secondary insurance at the time of the patient's visit.
- **10.** If my insurance requires a referral from my primary care physician, it is my responsibility to obtain this referral in order to avoid denials from insurance.
- 11. SNBCare reserves the right to reschedule/cancel an appointment if my insurance is inactive on the date of visit or if I do not have an active insurance. "Self-Pay Charges" will apply as mentioned in the chart below and the charges will be communicated with me.
- **12.** Medicare applies 20% co-insurance when claims are processed and applied towards patient responsibility unless patient holds secondary insurance.
- 13. If the patient's insurance company denies any claim due to inaccurate information or non-covered services, then the bill will be transferred to patient as Out of Pocket Cost. ("Self-Pay charges". as mentioned in chart below will apply.)
- **14.** All requests for printed documents will incur a fixed fee of \$5 (up to 5 pages). For any additional pages beyond the initial 5, an extra charge of \$1 per page will apply.
- **15.** If payments have not been received as per the payment schedule agreement or if the account has outstanding payments for 90 days, patient account information will be turned over to a collection's agency, unless prior arrangements have been made.





- **16.** In the event that a patient fails and/or refuses to make all payments due to SNBCare, treatment may be interrupted or placed on hold until the balance is paid in full.
- **17.** If a patient fails/refuses to pay a balance, the patient shall be responsible for all costs of collection.
- **18**. Below are the Self-Pay Charges for patients that are **self-insured** or **self-pay**:

Appointment Type	Charges
Initial Medication Management Appointment	\$150.00
Follow Up Medication Management Appointment	\$125.00
Initial Therapy Appointment	\$100.00
Follow Up Therapy Appointment	\$75.00
TMS Initial Mapping Appointment	\$300.00
TMS Follow Up Appointments	\$200.00
Documentation Charges	\$65.00

I have read SNB Care's Financial Policy and by signing below, I indicate that I understand and agree to comply with the policy. I understand that failure to comply will result in interruption of my treatment until my account is in good standing.