

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.