INTEGRATED BEHAVIORAL CARE, P.A.

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FEE AGREEMENT AND CONSENT TO TREAT

We view psychiatric and psychotherapeutic treatment as a joint responsibility between patient and doctor or therapist. We are committed to providing you with the best possible care. This document contains important information about our professional services. Please read it carefully and note any questions you may have, so that we can discuss them and resolve any concerns. Once you sign this document, it will serve as an agreement between us.

Payment

Payment in full is expected at the time of service. Cash, checks (made payable to Integrated Behavioral Care, P.A.) and credit cards are accepted for payment. All charges are your responsibility the date services are rendered. Any account balance 30 days past due may be subject to a finance charge of 1% per month, 12% per year. Returned checks will be subject to our bank's processing fee. In the event you experience a financial hardship or anticipate difficulty in paying for treatment, please discuss this right away with your psychiatrist or therapist.

Insurance

We do not participate as an In-Network provider with any of the major health insurance or managed care company plans. However, most PPO and POS plans have optional "Out-of-Network" benefits available. Contact your plan's customer service representative regarding coverage for Mental or Behavioral Health Outpatient Services rendered by a "Non-Participating Provider." At each visit you'll be provided with a "superbill" which includes all information necessary for submitting these charges to your insurance company for "Out-of-Network" benefits. Once your insurer has processed the claim they will then reimburse you directly for any covered costs. We want to emphasize that our relationship is with you, not with your employer or insurance company.

Cancellation Policy

If you miss or forget an appointment or need to cancel with less than a **24 hour notice** you will be charged for the session. In the event of serious or contagious illness, extreme weather, family or personal emergencies the fee may be waived. Please note that insurance companies do not reimburse charges for missed appointments.

Confidentiality

Confidentiality is an ethical and legal obligation to not disclose any private information about the individuals and families we treat. An individual can waive this right at their own discretion by signing a "Consent to Release Information". In addition, there are legally mandated exceptions to patient confidentiality, including when there is reason to believe:

- a child or elder adult has been abused;
- you may present a serious danger of violence to others;
- you are likely to seriously harm yourself unless protective measures are taken;
- your child is at risk of serious harm to themselves or others;
- or when disclosure is required by Federal or state law or regulation or by a judge's order.

These situations arise very infrequently and we will discuss with you our concerns any time there are circumstances which might warrant such actions.

I have read and understand the information provided and certify my agreement with these policies.

Signature _____ Date: _____

Name Printed _____ SSN: _____

If Patient Is a Minor

I hereby consent for my child _____ DOB _____

Parent/Guardian Signature _____