



Whole Life Psychiatry

Kim D. Tubbs, PMHNP, PA, Inc.

FINANCIAL AGREEMENT AND ASSIGNMENT OF BENEFITS

Kim D. Tubbs, PHHNP, PA, Inc. is a private psychiatric practice accepting select insurances and cash payments.

Professional Fees:

- Co-payments or balances are due in full at time of service.
- Special financial arrangements must be discussed prior to your appointment.
- Parents/guardians are financially responsible for payment of services provided to minors or other legal dependents.
- Additional fees may include charges for other professional services such as:
 - Third-party report writing.
 - Crisis-related telephone interventions and/or calls after business hours will be charged a \$25 “after hour” fee.
 - Consulting with other professionals.
 - Prescriptions outside of an appointment will be assessed a fee of \$25 and will only include enough medication to cover the patient until their next appointment.
 - Legal proceedings requiring representation by Kim Tubbs, PMHNP will be charged \$1000 for the first hour and \$300 for each subsequent hour, including preparation time and transportation. All fees must be remitted prior to service.
 - Preparation of records or treatment summaries will be charged \$25 for administrative processing.
 - Attorney requests for records will be charged \$20/first page and \$2/each subsequent page. All fees must be remitted prior to service.
 - FMLA paperwork will be assessed a \$125/form fee.
 - Please note: **This office does not complete disability paperwork.**

Payment for Services:

I understand it is my responsibility to know what services are covered by my insurance plan. I have carefully reviewed the section in my insurance coverage that describes mental health services. I will call my plan administrator with any questions. I will pay for any services I receive that are not covered or are denied by my insurance plan.

I will provide full and accurate insurance information **in advance** of my appointment or will pay for the appointment on a self-pay basis. I will present my insurance card and proper identification at the time of my appointment. **I will provide updated insurance information prior to my appointment in the case of any changes.**

I understand that I, not my insurance company, am responsible for full payment of my fees. I understand that insurance billing is provided by my healthcare provider as a courtesy, but I remain the responsible party. I understand that, if after 90 days, my insurance company has not responded, I will receive a

statement. I agree to pay my balance in full at that time. I understand that I will be reimbursed promptly if insurance payment arrives at a later date.

I authorize Kim D. Tubbs, PMHNP, PA, Inc. to bill my insurance company for charges incurred during the course of my treatment and to provide any information necessary to process my claims and to collect payment. I authorize my insurance company to honor a photocopy of this authorization and to assign my insurance benefits for these charges to Kim D. Tubbs, PMHNP, PA, Inc.

I understand that I am responsible for payment of any balances on my account.

Policy for Missed Appointments and Cancellations:

Appointment times are reserved exclusively for me. To avoid any missed appointments or late cancellation fees, I will call 24 hours in advance to make any changes to my appointment.

I agree that I must give proper notification to cancel an appointment to avoid late cancellation or missed appointment fees. **I agree to call at least 24 hours in advance to cancel or change my appointment.**

Appointment no-shows will be charged a fee of \$150. Appointments cancelled within **24 hours** will be charged a fee of \$100.

I acknowledge that more than 2 no-shows and more than 3 late cancellations may result in my termination of treatment by Kim Tubbs, PMHNP.

BY SIGNING THIS AGREEMENT, I CONFIRM I HAVE READ, UNDERSTAND AND AGREE TO ABIDE BY ALL ITEMS AND TERMS SET HEREIN.

Printed name of patient

Printed name of parent/guardian

Signature of patient or parent/guardian

Date: ___/___/___