Chanel Freeman NP in Psychiatry PLLC

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**Insurance Verification Policy**

To ensure a smooth and uninterrupted visit, we require insurance information to be submitted as soon as possible after scheduling your initial psychiatric appointment. Insurance verification must be completed **at least 48 hours prior** to your appointment. If verification is not completed within this timeframe, the appointment will not be confirmed and may need to be rescheduled.

If you experience **any changes to your insurance coverage**—including plan changes, policy termination, new member ID numbers, or updated copay/deductible details—please notify us **before** your appointment. This allows us to verify benefits in advance so your appointment time can remain focused entirely on your mental health care, not administrative matters.

**Please note:** Insurance coverage is never guaranteed until a claim is processed. Any copays, deductibles, or non-covered services are the patient's responsibility.

**Fees and Insurance.** The standard fee for an initial psychiatric evaluation range from $145.00 to $166.80. Follow-up visits range from $97.00 to $102.40. Final fees may vary depending on insurance reimbursement rates or self-pay arrangements established by Chanel Freeman NP in Psychiatry PLLC. Pricing may also be determined by the Income Inquiry form submission or extenuating circumstances at the discretion of Chanel Freeman NP in Psychiatry PLLC. Some insurance companies may partially cover these costs. In the event your insurance carrier declines benefits, you acknowledge and agree that you are fully responsible for the charges and expect them to be applied to your account. If you have coverage, you can assign the benefit and pay only your copay or coinsurance at the time of each visit. If your deductible has not been met, you are responsible for payment at the time of visit. I authorize Chanel Freeman NP in Psychiatry PLLC to securely store my credit/debit card information and to automatically charge my card for any balances not covered by insurance, including copays, coinsurance, and deductible amounts, without additional notification. I understand I will receive an electronic receipt after each charge. Law does not allow for the waiver of deductibles or copayment. If you choose to use your insurance, you understand that certain information about your case will be shared with your insurance company and or an intermediary for the purpose of filing the claim. By consenting to treatment, you acknowledge that you are responsible for the cost of services provided prior to the time of service. If payment is declined, you agree to pay a service charge and/or any

finance charge that may apply. After 90 days your account may be assigned to an outside collection agency in which case you will be responsible for paying attorney and or collection fees and expenses. There will be a charge of $50.00 per visit after 60 days for collection fees.

**No show/late cancellation**- A 24-business hour notice is required for cancellation or rescheduling of an appointment. The fee for a missed initial appointment without the 24-hour notification is $100.00 for an initial evaluation and $75 for a follow-up appointment. Insurance does not cover missed appointments and therefore you are solely responsible for the payment of the fee.