



## **Lifespan Mental Health Payment Authorization Policy**

Thank you for choosing Lifespan Mental Health PLLC (“the Company”) as your healthcare provider. The Company is committed to quality patient care at an affordable cost. The following is a statement of the Company’s financial policy that you are required to read and sign prior to any services being rendered.

### **Active Credit or Debit Card on File**

You will be required to have an active credit, debit, or FSA/HSA card on file if you wish to receive services at Lifespan Mental Health PLLC. For insured clients, outstanding balances are determined by the insurance company contract. All co-pays, co-insurance amounts, and estimated deductibles, per the fee schedule with your insurance company, are due at the time of service. All charges must be paid at the time of service, and treatment fees are the same for all patients, regardless of insurance coverage, as required by law. Automatic withdrawal from a credit/debit card will be the default method of payment unless otherwise discussed with the Medical Professional. The Company does not store any credit card information on paper or on Company electronic devices. The third-party credit card merchant uses a secure payment processing system that is Payment Card Industry (PCI) compliant.

Please be aware that some, and perhaps all, of the services provided may be non-covered services that are not considered reasonable and necessary by your insurance carrier. For your benefit, the Company will always provide you with a list of fees and billing codes before any services are performed. Charges are based on time spent, the type of service rendered, and the medical or interactive complexity involved in your treatment, in addition to the face-to-face time spent during the appointment. You are encouraged to contact your insurance carrier to verify your benefits so you understand how your insurance will reimburse you for services provided by the Company. Insurance carriers may or may not disclose their allowable fees or which billing codes they will cover.

All patients must notify the Company if there are any changes or lapses in their insurance benefits. If there is a lapse in insurance, you will be responsible for any services as private pay, and payment for the visit is due at the time of service. If you plan to submit your own claims to your insurance company, then payment for the entire visit is due at the time of service. It is your responsibility to obtain all referrals/authorizations required by your insurance plan and to file your claim with your referral/authorization. For self-pay or non-participating insurance plans, the Company requires a deposit or full payment at the time of scheduling, which will be applied to the cost of services.

### **Participating Insurance Plans**

For those plans with which the Company is a participating provider, all co-pays and deductibles are due at the time of service. To properly bill your insurance company and avoid untimely delays, the Company requires that you provide accurate insurance information and allow the Company to maintain a copy of your insurance card on file. If your insurance coverage changes to a plan with which the Company does not participate, please refer to the following paragraph.



## **Non-Participating Plans**

For those plans with which the Company does not participate, the Company does not accept assignment of insurance benefits and does not bill your insurance company. Payment by charge (Discover, VISA, MasterCard) is expected at the time of service. Your policy is a contract between you and your insurance company.

## **Fee Schedule**

Lifespan Mental Health, PLLC maintains a Master Fee Schedule which outlines private pay rates. Fees listed represent private pay rates; insurance reimbursement amounts may differ. Patients are responsible for unpaid balances, copays, coinsurance, or deductibles. A complete fee list is available upon request.

### **Medication Management (based on Medical Decision-Making or Total Time):**

- Initial evaluation (high complexity or ~60–75 minutes): \$425
- Follow-up visit (moderate complexity, up to 30 minutes): \$250
- Extended follow-up visit (high complexity, up to 45 minutes): \$300

### **Psychotherapy Add-Ons (in addition to medication management):**

- 30 minutes psychotherapy add-on: \$125
- 45 minutes psychotherapy add-on: \$175
- 60 minutes psychotherapy add-on: \$225

### **Other Services:**

- Prolonged service (each additional 15 minutes): \$50
- Interactive complexity (when required for communication or special care needs): \$30
- Missed or late-canceled appointment: Full cost of the scheduled visit

### **Additional Notes:**

- “Total time” includes chart review before the visit, face-to-face time, documentation afterward, coordination of care, and ordering labs or medications.
- These fees are subject to change with thirty (30) days’ prior notice.

## **Disputing Charges**

If you have questions or concerns about charges, please call our office directly or send a message through your Osmind patient portal. You may also contact Kelly Duffy at Mindfulness Billing, who manages our billing services, at 763-412-6209. Lifespan Mental Health, PLLC contracts with Mindfulness Billing to assist with insurance verification, claims submission, and billing. While Mindfulness Billing manages these administrative tasks on our behalf, all charges remain the financial responsibility of the patient or guarantor. If you wish to formally dispute a charge from Lifespan Mental Health, PLLC, you must notify the Company in writing (via patient portal message, mailed letter, or other documented form of communication) within thirty (30) days of the statement date. The Company will review the charge and provide an explanation or correction if warranted.

Please note that charges determined by your insurance company (copays, deductibles, or coinsurance) are set by your insurance plan and cannot be altered by the Company. If you wish to dispute how your insurance processed your claim, you must contact your insurance company directly to file an appeal. The Company will cooperate by providing coding clarifications or documentation as appropriate. If a copayment is incorrect or



overpaid, you may choose to either be reimbursed or have the amount credited toward your next appointment. If the copayment is underpaid, a new bill will be sent to you for the outstanding balance, or the amount may be bundled with the next payment due. If you need additional time to process a payment, it is your responsibility to communicate your request with the Company, and the Company will consider reasonable accommodations to arrange payment for services.

#### **Authorization to Pay Benefits to Licensed Medical Professional and Clinic**

By signing this form, you consent to the assignment of payment directly to Lifespan Mental Health PLLC for any medical benefits, if any, for services provided at the clinic (not to exceed your indebtedness to the clinic for those services). You accept financial responsibility for charges not covered by your insurance.

#### **Acknowledgement of Lifespan Mental Health PLLC's Policy**

- I understand that once my insurance has paid its portion for the medical care I received at Lifespan Mental Health PLLC, the remaining balance is my responsibility as shown on my Explanation of Benefits (EOB) from my insurance company.
- If the credit card or debit card that I provide changes, expires, or is denied for any reason, I agree to immediately provide Lifespan Mental Health PLLC with a new, valid credit or debit card, which I will allow the Company to charge. I agree that the new card number provided may be used with the same original authorization above.
- I authorize Lifespan Mental Health PLLC to charge my credit card or debit card for payment of services, missed appointments (when permitted by insurance), or any other payments legally owed by me at Lifespan Mental Health PLLC, per the terms stated in this agreement.

Patient or Parent/Guardian Name (if patient is minor): \_\_\_\_\_

Patient or Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Relationship to the patient (if applicable): \_\_\_\_\_