



Registration Policy & Financial Agreement

Fees:

Psychiatric Int. Evaluation: \$225

Psychiatric Follow Up (10-25 min): \$125-\$175

Phone Consultation (60 min): \$100 (prorated)

*** Fees do not apply to Medicaid and EAP patients.

Case Management Fees

Phone contact more than 10 minutes is billed at a prorated fee of \$100 an hour. Phone contact includes communication with client, schools, other providers, etc. There is no charge for time spent communicating with your insurance company.

Payment

I understand that payment is due in full at each visit. Payment may be made by check, VISA or Mastercard (*includes a credit card processing fee of 3.5%*). I understand and agree that I am charged directly and am personally responsible for payment of all services rendered to me (or the minor for whom I am responsible). I understand that the fee for returned checks is \$40. I agree if I default on payment, I will pay collections costs, attorney fees, and any and all court costs resulting.

Cancellations

I understand that I may be charged the full fee for any appointment missed or cancelled without giving 24 hours notice. I understand that my insurance company will not reimburse costs incurred from an appointment missed or cancelled without sufficient notice.

Assignment of Benefits/Insurance

By providing my insurance information, I authorize the release of any medical or other information necessary to process this claim to my insurance company. This may also include case managers with my insurance company. I also authorize the payment of medical benefits to Arise Behavioral and Wellness Health, PLLC, for services rendered to me. I understand that some procedures such as, but not limited to, missed or late appointments, preparation of reports, and telephone consultations may not be reimbursable by an insurance company and are solely my responsibility.

Responsibility

I have read and agree to the above information. My signature below indicates that I both understand and agree to these policies.

Signature of Responsible Party

Date

Witness

Date
