



Financial Policy and Assignment of Benefits

Assignment of Benefits

I hereby authorize Vantage Mental Health and its contractors including Collaborative Psychiatric Services, LLC to apply for benefits for any services rendered on my behalf for covered services rendered. I request that payment from my insurance company be made directly to Vantage Mental Health or its authorized contractor.

I understand that I am financially responsible for all charges whether or not they are covered by my insurance. I agree to pay any balance due after the payment has been made by my insurance company. I understand that this assignment does not relieve me of my financial responsibility.

I understand that I have the right to revoke this authorization at any time by providing written notice to the Vantage Mental Health and my insurance company. However, the revocation will not affect any actions taken in reliance on this authorization before the revocation was received.

Payment for Services

All copays and outstanding balances are due at the time of service at the time of service unless other arrangements have been made in advance with our billing department. We accept all major credit cards (Visa, MasterCard, American Express, Discover).

Card on File

To ensure timely and efficient payment processing, Vantage Mental Health requires all patients using private health insurance to provide a credit card on file for any charges not covered by their insurance. All payments are due within 30 days of receipt. Overdue balances will be charged to the card on file on the last business day of each month unless the patient has arranged a payment plan with their provider or billing department in advance. Patients are responsible for keeping their contact information current and can set up payment plans by contacting the billing department. All credit card information is stored securely in compliance with applicable laws and regulations.

Health Insurance Billing

We participate with several insurance plans. As a courtesy to our patients, we will bill your insurance company directly for services rendered. Services billed to insurance companies are required to be charged the fee your insurance company has determined. Please provide us with

accurate and updated insurance information at each visit. You are responsible for any co-payments, deductibles, or non-covered services determined by your insurance plan.

Private Pay Options

If you do not have insurance coverage or prefer not to use your insurance benefits, we offer a private pay option. Our fees for services are outlined in our Fee Schedule, available upon request.

Late Cancellation and No-Show Fees

We require at least 24 hours' notice for appointment cancellations or rescheduling. A fee may be charged for late cancellations (less than 24 hours' notice) or missed appointments (no-shows). The fee schedule for late cancellations and no-shows is as follows:

- Late Cancellation Fee: \$75
- No-Show Fee: \$150

These fees are not covered by insurance and are the responsibility of the patient. Patients who exceed three late cancellations/no-shows over the course of a rolling 12-month period may lead to termination of care.

Financial Hardship

If you are experiencing financial hardship, please discuss your situation with our billing department. We may be able to offer a payment plan or other arrangements to assist you.

Outstanding Balances

It is our policy to send monthly statements for any outstanding balances and have your balance updated regularly in the patient portal. Payment is expected upon receipt of the statement. If you have questions about your statement or need to make payment arrangements, please contact our billing department promptly.

Changes to Financial Policy

We reserve the right to modify our Financial Policy as necessary. Any changes will be communicated to you in writing and will become effective on the date specified in the notice.

Agreement

I have read and understand the Financial Policy of Vantage Mental Health. I agree to comply with the terms outlined above and accept financial responsibility for all services provided to me or my dependent(s).