MINDFUL WELLNESS CENTER, PLLC

Effective Date May 1, 2015

Thank you for choosing Mindful Wellness Center. We are committed to providing quality care and we would like to familiarize you with our office and financial policies.

BILLING POLICIES:

Insurances: As of May 1, 2015 we have decided to opt-out of all insurance networks and will be considered out-of-network. With the changing healthcare environment, poor mental health coverage and reimbursement rates, higher deductible and lower collection rates more than half of US psychiatrists currently do not accept insurance. Also, mental health insurance expects shorter appointment times e.g. medication review to last only 10 minutes. Thus we have made this difficult decision to be able to continue to provide quality and optimum care.

Depending on your insurance policy, you may be able to get reimbursed for a percentage of what you pay us. You will need to submit paperwork to your insurance demonstrating that you had the visits and that you have already paid for your visit. For your convenience, we will provide you with the receipt and the health insurance claim form that you will need to submit for reimbursement.

Note that the money you spend for out-of-network psychiatric services may count towards your insurance deductible.

Medicare: We have chosen to "Opt Out" of Medicare. All patients who are on Medicare, or are eligible for Medicare, must sign a federally mandated "Private Contract" in order to receive services at our clinic. All services must be paid for at the time of service, neither Dr. Karamchandani, Mindful Service Center, nor may the patient file a claim to Medicare for reimbursement. Please ask our office for Private Contract form if you have Medicare.

Payments: **Payment for the services must be paid in full at the time of service.** Payment may be made by cash, check, debit card and credit card (Visa, Master Card).

Account balances: If payment is not made on the date of service, an administrative service fee of 20% or minimum $25 may be applied.

Unpaid Balances: Any balance of over 90 days may be turned over to a collection agency. Please contact our office if you are experiencing financial difficulty and cannot pay the balance in full to make a payment plan.

Bank fees: Your account will be charged for any insufficient funds checks, closed account checks or any other fee, we might incur as a result of a check written by you.

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APPOINTMENT CANCELLATION AND NO SHOW POLICY

The time reserved for your appointment is valued. We require at least one business day i.e. 24 hour notice of cancellation, so that we may offer the time to others. No shows or late cancellations will be charged for the entire session. We understand that at times circumstances may arise that make it difficult to keep the appointment. If there is an unavoidable or emergency cancelation the fee may be reduced to $50 at the discretion of the office. Kindly contact the office staff to discuss.

PRESCRIPTIONS

It is your (the patient's) responsibility, before you leave our office, to make sure you have enough medication to last until your next appointment. Refill requests will be handled within72 hours after your request. If it is approved by the physician the pharmacy will be notified. Please note that some prescriptions require follow up visits and may not be called if an evaluation is needed and you will be asked to schedule an appointment. As a general rule we require you be seen within the last 3 months for any prescription to be called in. If evaluation is needed, you will be notified and asked to schedule an appointment. Refills will not be called in after hours and on weekends, so please allow time for this and call BEFORE you run out of medications. $25 fee may be charged for medication refill requests and phone consultation.

PHONE CONSULTATION

There may be a phone consultation charge at a rate of $25 per 10 min increments for any consult requested or initiated by you. This will be billed directly to you.

FORM COMPLETION

There is a fee for all paperwork that you may need to have completed depending on the number of pages and complexity. There is a minimum $10 charge for paperwork.

RECORDS RELEASE

Due to patient confidentiality and to protect your privacy, we cannot discuss your case with anyone including family members, unless there is a written release of information consent on file signed for any person, work, disability, lawyer, and school etc who may request information. Please allow for at least 7 business days to process records release.

CONFIDENTIALITY

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We place a high value on the confidentiality of information that our patients share with us. For any information release you have to sign a release of information consent and may want to discuss very carefully before you sign. There are some exceptions to confidentiality

1)INSURANCE: If you are insured and your insurance pays us ,the insurance company will require information and conduct an audit of our records to make sure appropriate services are provided.

2)SAFETY: If you communicate an intent to either harm yourself or someone else and we believe your threat to be serious, we are obligated under the law to take whatever actions seen necessary to protect people from harm

3) LEGAL: If you are involved in litigation of any kind and inform the court of the services that you received from us (making your mental health an issue before the court), the judge may order the release of our records

For more details please also refer to our notice of privacy practices.

TERMINATION

Successful termination of treatment is determined when the patient and the treating professional agree that the goals of treatment have been substantially achieved. You are free to discontinue treatment at any time .If we have not had any contact from you for longer than 6 months we may close the case. You may make an appointment and reinitiate treatment if desired. You may be discontinued from treatment for refusal to cooperate with treatment plan or for threatening office personnel or property. We can refer you to another office upon your request.

I have read and understand the office policies and agree to abide by these guidelines.

Signature: _____

Name: _____

Date: _____