



## Financial Policy

At InMindOut Emotional Wellness Centers, we are committed to providing clear and transparent financial policies to ensure that clients understand their financial responsibilities. By receiving services from InMindOut, you agree to comply with the following financial terms and conditions.

### **Billing & Financial Responsibility**

Clients are responsible for payment of all services rendered. While payment for certain professional services is required in advance, all services must be paid prior to being provided.

Clients are expected to:

- Provide accurate and current insurance and billing information.
- Pay co-pays, deductibles, or any uncovered service fees at the time of their appointment.
- Notify InMindOut immediately of any changes to insurance coverage, address, or payment method to prevent claim denials or billing delays.
- Not allow individual account balances to exceed \$250.
  - For significantly outstanding balances, management may offer a monthly payment plan at its discretion. Failure to comply with a payment plan may result in account collections.
- Settle any outstanding balances within 60 days to avoid collections.
  - Transferring an account to a collections agency or pursuing legal actions, such as a small claims court, may result in additional fees.
  - Third-party billing associates may require the sharing of insurance and personal details. While bound by confidentiality laws, their handling of submitted information is beyond our control.

InMindOut reserves the right to require payment in full before scheduling any future appointments.

### **Insurance & Reimbursement**

InMindOut accepts most major insurance plans; however, verification of benefits does not guarantee payment. If insurance denies a claim, clients remain financially responsible for the full cost of services provided.

Clients are responsible for understanding their insurance coverage, including co-pays, deductibles, and pre-authorization requirements, and should confirm details with their insurance provider before receiving services.

To avoid unexpected costs, clients should keep the following in mind:

- Clients must notify InMindOut immediately if their insurance changes, is canceled, or if they receive a new insurance card. Failure to update insurance information may result in the client being responsible for denied claims.
- If a client has an out-of-network insurance plan, they will be considered a self-pay patient and are responsible for all charges incurred.
- If a client loses insurance coverage during treatment and no other coverage is available, they may need to transition to another provider if self-pay is not feasible.
- Insurance companies may require a diagnosis, treatment plan, or access to medical records to process claims. By seeking services, clients consent to the necessary release of information for insurance billing purposes.

### **Assignment of Benefits (AOB)**

I assign and authorize InMindOut Emotional Wellness Centers to submit claims and receive direct payment from my insurance provider, EAP, VA Community Care, TRICARE, Medicaid, Medicare, or other third-party payers for services rendered.

I understand that this assignment is irrevocable, except where prohibited by law, and that I remain responsible for all co-pays, deductibles, non-covered services, or denied claims, as outlined in this Financial Policy.

I authorize InMindOut to release necessary treatment and billing information for claims processing in compliance with HIPAA (45 CFR § 164.508).

### **Fees for Services (Self-Pay / Out-of-Pocket Rates)**

For clients paying out-of-pocket, the following rates apply:

- Initial Therapy Session: \$150
- Follow-Up Therapy Sessions: \$140
- Psychological Testing: \$1,250
  - If testing isn't completed within 3 months, deposit is forfeited.
- Neurofeedback/Biofeedback Session (*not covered by insurance*): \$150 per session
  - Discount packages & take-home (tDCS, temperature sensor, HRV, and AVE) devices available
- Parental Guidance Sessions – minor not present (*not covered by insurance*): \$80
- Adjunct Consultations with third-party professionals (*not covered by insurance*): \$80
- Medical Records: \$25 for an electronic copy; hard copies carry additional fees
- Forms & Letters: \$75 per request (includes but is not limited to FMLA, ESA, disability claims, SSI, hardship letters, school letters other than school excuse, PCP letters, etc.)
- Legal Services (Court appearances, depositions, etc.):
  - \$2,500 retainer required prior to legal involvement
  - 250 per hour for consultation, preparation, travel, and testimony
  - Additional fees apply for travel and lodging expenses
  - Clients are encouraged to request clinician notes or a summary letter when possible, since clinicians may not be able to provide additional details beyond their documentation.
- Returned Check Fee: \$50.
  - After one returned check, future payments are limited to cash, card or money order.

### Extended Communication Fee

Clients exceeding 14 minutes per week of a clinician, diagnostician, or specialist's time for emails, calls, or other correspondence will incur an out-of-pocket fee at the standard session rate. This fee is not covered by insurance. Non-urgent matters should be addressed during appointments to avoid charges.

Fees are subject to change. Please contact us at (830) 730-6090 for the most up-to-date pricing.

### **Refunds & Disputes**

- Refunds are only issued for services that were paid in advance and not rendered due to provider cancellation.
- Clients must notify InMindOut of billing errors within 30 days of the charge for review.



### Missed Appointments & Late Cancellations

To ensure appointment availability and provider efficiency, InMindOut enforces the following cancellation policy:

- Clients must cancel or reschedule appointments at least 24 hours in advance to avoid fees.
- Failure to cancel within the required timeframe will result in the following No-Call-No-Show (NCNS) or Late Cancellation Fees:
  - Therapy Sessions: \$75
  - Psychological Testing Appointments: \$250
- Clients who accrue two no-call no-shows (NCNS) or three late cancellations (less than 24 hours' notice) within a three-month period may be restricted to same-day scheduling only.
- Clients with a pattern of excessive cancellations, even when providing 24 – 48 hours' notice, may be limited to same-week scheduling only.

### Credit/Debit Card Payments & Stored Card Policy

To ensure seamless payment processing and avoid service disruptions, clients are expected to keep a valid credit or debit card on file. By signing this policy, you acknowledge and consent to the following:

- Your card may be charged for balances owed, including co-pays, deductibles, missed appointment fees, and outstanding balances.
- Clients with standing telehealth appointments outside of normal business hours must have a card on file.
- Payments may be processed over the phone when necessary.
- Clients may revoke card authorization at any time by submitting a written request.
- InMindOut does not store sensitive credit card information in our offices; it is securely managed through a third-party merchant services vendor.

### Financial Agreement & Acknowledgment

By signing below, I confirm that I have read, understand, and agree to:

- Abide by InMindOut Emotional Wellness Centers' Financial Policy, accepting full financial responsibility for all services rendered, including charges not covered by insurance.
- Make all payments for co-pays, deductibles, and fees for non-covered services at the time of service, and I am responsible for any denied claims due to outdated or inaccurate insurance or payment information.
- I authorize InMindOut to charge my stored payment method for outstanding balances, including session fees, missed appointment fees, and other applicable charges, and understand that all fees are non-refundable except as expressly stated in this policy.

Client Name (Printed): \_\_\_\_\_

Client Signature: \_\_\_\_\_

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

If applicable:

Parent/Legal Guardian Name (Printed): \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_

Relationship to Client: \_\_\_\_\_

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