MindHealth Psychiatry, Salem
401 Ratcliff Dr SE, STE 110
Salem, OR - 97302

Financial Policy and Billing Practices

Effective: 7/12/2026

1. Insurance

MindHealth Psychiatry accepts in-network and out-of-network patients.

A. Responsibilities

Even if you have insurance, you are financially responsible for:

- Insurance copays required by your plan.
- Insurance deductibles, including behavioral health deductibles.
- Coinsurance.
- Services not covered by your insurance plan.
- Denied insurance claims.

B. Verification of Benefits

MindHealth Psychiatry verifies benefits for all insurance-based patients as a courtesy. However, benefit verification is not a guarantee of payment. Final determination depends on how the claim is processed.

We must obtain a copy of your government-issued photo ID to confirm your identity and combat insurance fraud. If you fail to provide us with the latest correct insurance information in a timely manner, you may be responsible for the balance of a claim.

C. In-Network Patients

If we are in-network with your plan:

- We will generally bill your insurer according to contracted rates.
- You are responsible for cost-sharing and any non-covered services.
- If your plan requires prior authorization and it is not obtained, the plan may deny payment and you are then responsible.

D. Out-Of-Network Patients

If we are out-of-network for your insurance plan:

You are responsible for paying MindHealth Psychiatry in full at the time of service. After payment, we will provide a superbill that you may submit to your insurer. Any reimbursement is between you and your insurer and is not guaranteed.

Your plan may reimburse based on an “allowed amount” that is lower than our fee. You are responsible for the full fee paid to MindHealth Psychiatry, and any reimbursement from your insurance plan is paid to you, not to MindHealth Psychiatry. Any shortfall remains your responsibility. We do not guarantee reimbursement, and we do not handle out-of-network appeals; you are responsible for communicating with your plan.

E. Prior Authorizations and Referrals

Some insurance plans require prior authorizations or referrals for:

- Certain visit types.
- Certain medications.
- Certain lab tests.

You are responsible for obtaining and maintaining valid referrals if required by your insurance company for any and all covered services. We may provide supporting documents if requested. If you choose to undergo any service without a valid referral, you are financially responsible for the full charges.

We will assist with documentation in seeking prior authorization, but:

- Prior authorization is not guaranteed.
- Approval of prior authorization does not guarantee payment by the insurance plan.
- Delays may occur due to insurer timelines.

If your insurance plan denies a prior authorization or a medication, we will discuss alternatives. If the patient chooses to undergo any service with a denied prior authorization, the patient is financially responsible for the full charges.

F. Denials, Recoupments, and Retroactive Changes

If your plan later denies a claim or reverses payment, you remain responsible for the balance.

G. Self-Pay

You may choose to self-pay even if you have insurance. Full self-payment is required at the time of service.

2. Good Faith Estimate (GFE)

Under federal law, if you don't have insurance or choose not to use insurance, we will provide you with a Good Faith Estimate for expected charges when you schedule an appointment, or upon request:

- If you schedule a service at least 3 business days in advance, we will provide the GFE no later than 1 business day after scheduling.
- If you schedule a service at least 10 business days in advance, we will provide the GFE no later than 3 business days after scheduling.
- We will also explain the Good Faith Estimate to you over the phone or in person if you ask, then follow up with a written (paper or electronic) estimate, per your preferred form of communication.
- If your final bill is $400 or more above your Good Faith Estimate for the same provider/facility, you may be eligible to use the federal patient-provider dispute resolution process.

A Good Faith Estimate does not apply when you are using in-network insurance for the service.

3. Fees

A. Late Cancellation of Intake Appointment

$250 if cancelled within 24 hours of the appointment time.

B. No-Show For Intake Appointment

$250

C. Late Cancellation of Follow-Up Appointment

$125 if cancelled within 24 hours of the appointment time.

D. No-Show For Follow-Up Appointment

$125

MindHealth Psychiatry reserves the right to waive late appointment cancellation and no-show fees at their discretion.

4. Legal Requests

MindHealth Psychiatry may receive subpoenas, court orders, or attorney requests for records, declarations, depositions, or court testimony. These matters are not clinical appointments and are typically not covered by insurance.

A. Medical Records Production

Records will be released only with appropriate authorization or valid legal process. Copying/administrative fees (if any) are handled separately in accordance with applicable law and our privacy policies.

B. Professional Fees For Legal Matters

We charge for professional time spent responding to legal matters, which may include record review, preparation, conferences with counsel, deposition testimony, court testimony, and travel time.

- Preparation / record review / conferences: $1,000 per hour.
- Deposition testimony: $1,500 per hour (2-hour minimum).
- Court testimony: $2,000 per hour (8-hour minimum).
- Travel time: $1,000 per hour.

Billing increments: billed in 15-minute increments after any minimum time reserved.

C. Retainer and Prepayment

A retainer is required before scheduling a deposition or court appearance. Any unused portion will be refunded; additional time beyond the retainer will be billed.

- Deposition retainer: $3,000
- Court appearance retainer: $16,000

D. Scheduling and Cancellation

Legal appearances require advance scheduling. Cancellations or rescheduling with less than 72 hours’ notice may be billed for the minimum time reserved and/or time already spent preparing, unless cancelled by the court on short notice.

E. Availability and Scope

MindHealth Psychiatry may not be able to accommodate all legal requests. We do not guarantee that we will provide opinions, letters, or testimony beyond what is clinically appropriate and supported by the record.

5. Payment

Full payment for services are due at time of services rendered unless your health insurance carrier has made prior arrangements. Copayments and deductibles may be charged at time of service or later. If the patient was overcharged as subsequently indicated on the Explanation of Benefits provided by the insurer, the patient will be refunded the difference. If the patient is not able to pay the balance before their next non-urgent scheduled appointment, the patient may be asked to reschedule the appointment or be referred to another provider.

A. Credit Cards

We accept credit cards as payment methods, including Visa, Mastercard, and Discover. We do not accept American Express.

B. Payment Method On File

We maintain a credit card on file for all patients through our secure payment system. Card on file is required to schedule and maintain appointments.

The patient agrees to be fully responsible for any and all charges for services rendered and not covered by his or her insurance plan. In addition, the patient authorizes MindHealth Psychiatry LLC (“MindHealth Psychiatry”) and/or its affiliated entities or designated payment agent to store patient payment information in the secured manner described above and to apply charges to patient’s payment card for all amounts owed to the practice for medical visits, procedures or supplies, including (i) amounts agreed as part of a payment plan, (ii) copayments, (iii) coinsurance (after application of insurance proceeds), (iv) amounts not covered by insurance and/or (v) fees (if applicable) charged by the practice for failure to keep a scheduled appointment or provide timely notice of appointment cancellation. Patient acknowledges that it is the patient's responsibility to maintain up-to-date payment information to avoid disruption in care.

We will provide a receipt of payment upon request, which will be sent to the patient's email.

6. Past-Due Balances and Collections

A. Patient Dismissal

If payment is more than 30 days past due, the patient may be dismissed from MindHealth Psychiatry as per the Dismissal Policy in the Treatment Consent.

B. Collections

Balances past due by 90 days may be referred to collections, consistent with applicable law and this policy.

7. Changes To This Policy

We may update this financial policy. The current version will be available upon request, and at mindhealthpsychiatry.net/forms.

8. Acknowledgement

By signing this notice, I acknowledge that I understand and agree to the terms of this agreement.

Patient Signature *

First Name: *

Last Name: *

Date: *