



Premier Wellness Healthcare
103 N Main Street
Bel Air, MD 21014
888-333-1345
www.prewellhealth.com

Financial Policy

PWH is committed to providing you with quality and affordable health care. We participate with most insurance plans.

Therapeutic Services and Rates

Initial Intake – 90791 – \$250

30 Minute Individual Psychotherapy – 90832 – \$100

45 Minute Individual Psychotherapy – 90834 – \$125

60 Minute Individual Psychotherapy – 90837 – \$175

60 Minute Psychotherapy for Crisis – 90839 – \$175

90 Minute Psychotherapy for Crisis – 90840 – \$275

Family Psychotherapy without Patient – 90846 – \$125

Family/Couples Therapy – 90847 – \$175

Group Therapy – 90853 – \$100

Interactive Complexity – 90785 – \$50

Questionnaire Assessment – 96127 – \$25 Each

Psychological Testing - This will be determined before testing.

Late Cancellation – Cancellation less than 24 hours before appointment – \$50

No Show – \$50

Uninsured Patients

If you are uninsured, payment is expected on the day of your visit. Please refer to the GFE documentation for further information.

Insurance Coverage

We participate with most insurance plans. Please bring a photo ID and your insurance card(s) to each appointment.

It is your responsibility to know and understand the terms of your insurance coverage. Your insurance plan is a contract between you and your carrier. It is your responsibility to know whether your insurance carrier requires a referral and to bring it with you at the time of service. If you present without a referral when one is required, we will ask you to sign a Voluntary Waiver of Insurance Benefits if you want to receive services that day. You will be responsible for the bill. Please contact your insurance carrier with any questions regarding your coverage.

Medicare

If we believe you are receiving a service that Medicare does not consider reasonable or necessary for your condition and for which payment is expected to be denied, you will be notified in writing with the Advance Beneficiary Notice of Non-Coverage (ABN) form. This will provide you with the opportunity to decide if you will proceed with the service ordered. This process is required by Medicare and preserves your right to appeal their decision.



Premier Wellness Healthcare
103 N Main Street
Bel Air, MD 21014
888-333-1345
www.prewellhealth.com

HMO/Managed Care plans

If your insurance is an HMO or Managed Care plan, under the terms of your plan, the provider may not be able to see you without the proper referral or authorization, unless you are willing to sign a *Voluntary Waiver of Insurance Benefits* and agree to pay at the time of service.

Deductibles, Co-pays, and Coinsurance

All co-pays are due at the time of service. Contractually, your insurance company requires us to collect the portion for which you are liable at the time services are rendered. Deductibles and coinsurance amounts will be estimated based on the normal reimbursement from your insurance company, you may receive a bill for the additional amount or a refund if you have overpaid once the insurance processes the claim.

Definitions:

DEDUCTIBLE is the amount the patient is responsible for before the insurance plan starts paying for services. The deductible may not apply to all services.

CO-PAYMENT is a fixed amount set by the insurer that the patient is responsible for paying at the time of service. The co-payment may vary by the type of service, the provider rendering the service, and/or the place in which the service is rendered.

CO-INSURANCE is the patient's cost share, usually calculated as a percentage of the cost of the service. The co-insurance may not be subject to a deductible amount.

Payment for Services

Co-payments/co-insurance and deductibles are due at the time of your appointment. We accept cash, checks, VISA, and MasterCard. If you are unable to pay at the time of service, please refer to the *Financial Policy* in this package for options available to you.

A fee of \$35 will be assessed for each personal check returned by your bank as non-sufficient funds.

Non-payment / Delinquent Accounts

If you have a balance on your account, you will receive an electronic statement in your Simple Practice Patient Portal and may receive a statement in the mail and/or a phone call about your unpaid balances. If a balance remains unpaid for more than 90 days, the message on your third statement will say that your account is being reviewed for placement with a collection agency. Your account may be assessed a 30% surcharge to cover agency fees. You will be allowed 10 days to send the payment in full. Partial payments or extended payments will not be accepted unless otherwise negotiated with the Billing Department at 888-333-1345.