# Empower Psychiatry & Sleep LLC

## Patient Financial Responsibility Notice

The doctors, nurse practitioners, and staff at Empower Psychiatry & Sleep LLC appreciate the confidence you have show in choosing them to provide for your health care needs. We are committed to providing you with the best possible medical care. The service you have elected to participate in implies a financial responsibility on your part. The responsibility obligates you to ensure payment in full for our services. As a courtesy, we will bill your insurance company on your behalf. However, you are ultimately responsible for payment of services and care received at Empower Psychiatry & Sleep LLC. If you fail to meet financial obligations agreed upon in this financial policy or other payment arrangements made with Empower Psychiatry & Sleep LLC, your outstanding balance will be sent to a collections agency and will have to be paid before receiving any further treatment. If you have any questions, please contact our billing department.

**It is your responsibility to:**

- Bring your insurance card to each and every visit.
- Notify our office of any change to your insurance since your last visit.
- Know your co-pay and be prepared to pay at each visit.
- Know your insurance company benefits and coverage.
- Pay for any amounts not covered by your insurance.

**Initial as understood**: ____

**Co-Payments Policy**

- All co-payments, co-insurance and deductibles are due and payable **prior** to services being rendered and are required by your insurance company to be paid each visit.
- If you do not know your co-pay, we will attempt to identify your co-payment amount for you. However, this co-pay, and all co-pays, are subject to change ***per the insurance company***, and you may be sent a bill in the future that reflects such changes.
- Overpayments will be refunded after all charges have been processed and paid by your insurance company.

**Initial as understood**: ____

**Cancellation/No-Show Policy**

- While we understand there may be times when you miss an appointment due to emergencies or obligations, Empower Psychiatry & Sleep LLC requires at least 24 hours notice on all cancelled appointments. Our office charges a fee of $25.00 for appointments not cancelled or rescheduled 24 hours in advance.
- Cancellation/no show fees must be paid prior to your next appointment.

**Initial as understood**: ____

**Payment For Services**

- Empower Psychiatry & Sleep LLC will accept cash, VISA, MasterCard, American Express, traveler's checks and personal checks as payment for services rendered. A valid picture ID is required for all checks.
- If co-payments, co-insurances and/or deductibles are required by your insurance plan, they are due when services are rendered.

**Initial as understood**: ____

**IF WE ARE NOT NOTIFIED OF APPROPRIATE CHANGES AT THE TIME OF YOUR VISIT, WE CANNOT GUARANTEE INSURANCE PAYMENT. IF YOUR CLAIM IS DENIED BECAUSE WE WERE NOT NOTIFIED AT THE TIME OF YOUR VISIT YOU WILL BE FINANCIALLY RESPONSIBLE FOR ALL CHARGES.**

_____ _____

**Patient Name (Printed)** **Patient Name (Signed)**

____/____/_____

**Date**