

## Greenlake Psychiatric Financial Policy (2021)

Greenlake Psychiatric participates with a wide variety of insurance plans including: Aetna, First Choice, Premera, Regence, Uniform, and others. Dr Sastry is **not** a participating provider with UnitedHealth, Tricare, Medicare nor Medicaid. Insurance coverage and contracting may change and it is your responsibility to know if we are covered by your plan.

**As a patient or guarantor, we ask you to know your insurance plan.** Before your visit, call the toll free number on the back of your insurance card. Make sure you know if Dr Sastry is a contracted in network provider.

Then:

- Bring your insurance card to **every visit**.
- Tell us if your insurance or mailing address has changed.
- Pay your co-pay or balance at the time of your visit.

### Cancelation policy:

For all new and established patient appointments, we require at least 48-hour notice if you are unable to keep your appointment. Missing an appointment and/or canceling with less than 48 hours notice, will result in a cancellation fee. You will need to pay this fee before any future appointments will be made.

- New patients are allowed one missed appointment then they will not be allowed to schedule.
- Established patients - three missed appointments within 12 months may result in dismissal from the practice.

Cancellation fee: \$75

We accept all credit cards, debit and HSA cards, and ACH transfers. We will keep a credit card number on file for your convenience. Checks returned for insufficient funds will result in an immediate charge of **\$35.00** against your account.

### Billing:

Greenlake Psychiatric will submit bills to insurance companies on your behalf when we are in-network providers. As a patient, you can expect that we will provide accurate and timely billing. If we do not contract with your insurance company, we will provide you with a superbill and receipt of payment for you to submit to your insurance company. There is no guarantee of any reimbursement if we are out of network. Questions about your insurance bills and account can be answered by **Physician Billing Partners** at (206) 932-9025.

### Insurance Release of Benefits and Release of Information:

- I authorize Greenlake Psychiatric to request and directly collect, on my behalf, all private insurance coverage benefits due for products and services.
- I authorize insurance benefits to be paid directly to the provider or clinic.
- I authorize the providers or insurance company to release any healthcare information necessary to facilitate the processing of claims and audit of payments.
- **I understand that I am financially responsible for any co-payments, deductibles, balances due, and charges for services not covered by my insurance plan**

- If insurance benefits are paid directly to me, I will endorse these checks for such payments to Greenlake Psychiatric.

All authorizations as above will remain in effect until rescinded in writing.

When patient turns 18 years old, they become the guarantors of their account. They will be asked to review their own financial agreements the first time they have a visit after turning 18.

I have read and understand this policy. A copy will be kept in my chart and a copy may be furnished to me at my request.

Print patient name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Signature: \_\_\_\_\_ Today's date: \_\_\_\_\_  
(if guardian's signature please print your name here: \_\_\_\_\_)

**Credit Card Authorization:**

I authorize Greenlake Psychiatric to charge my credit card (or ACH account) on file for my co-pays and any outstanding balance. These include charges collected for labs, medications, late fees as above. All charges will be explained to me prior to any payments being rendered. Credit card numbers and ACH will be entered directly by me into the secure payment system HINT or directly into our online credit card terminal through Transaction Express. No card numbers or bank information is stored in my chart or in the office and the card number cannot be accessed once entered.

- I can ask and receive a statement of my account which the practice will provide within 5-7 business days
- Start date of authorization is pursuant to start date of this signed agreement.
- The authorization is in effect until rescinded in writing.

Signature: \_\_\_\_\_ Today's date: \_\_\_\_\_