



Financial Policy

Please read carefully then sign and date on the last page.

Client Financial Responsibility

Clients understand all our in-network insurances are listed on our website at www.KopasMentalHealth.com. Clients are responsible for payment at the time of service. Payment amounts for clients with insurance are determined by the client's selected insurance plan. This may include a deductible, coinsurance, and/or copay amount. Clients are responsible for confirming coverage for behavioral health services and financial responsibility with their insurance plan prior to service. If your insurance plan refuses payment, you are responsible for payment. A valid payment card is required to be on your account to be charged for your financial responsibility at all times. If you fail to maintain an active payment card on file, we may require a deposit and payments by invoice that will be immediately due.

Clients have online access to view their portal account and print an account invoice anytime. Clients explicitly authorize Kopas Mental Health to charge for services according to the Professional Fee Schedule for self-pay clients and claims processed for any in-network insurance clients. Clients are responsible for making sure a balance is available on their card to allow for the collection of payments. Clients have the right and responsibility to change the payment card on file upon request.

Scheduling will not be permitted for clients with a past due balance. A payment plan may be arranged by contacting support@kopasmentalhealth.com. Failure to comply with a payment plan will immediately deactivate it, making the entire balance immediately due and future appointments canceled. After 15 days with a past due balance and no payment plan in place, you may be discharged from service.

Accounts Past Due more than 30 calendar days without an arranged Payment Plan in place may be sent to collections at any time and are subject to a collections fee to cover our expenses for collecting funds that are due. This may affect your credit report, credit score, and ability to borrow money in the future.

Clients give consent to charge the card on file for copayments, deductible amounts, coinsurance, service fees not covered by insurance, and applicable Late Cancellation/No Show fee. If your insurance on file reports you are no longer active, we reserve the right to charge for your services until you resolve the issue. Note that you will be contacted via email about claim denials to allow you 15 days to resolve claim

denials before being charged. In addition, clients are entitled to all negotiated insurance contract discounts for covered charges for active policies.

By signing this document, consent is given to Kopas Mental Health to bill your insurance on your behalf.

Uninsured and other Self-Pay clients are entitled to a Good Faith Estimate of what treatment will cost with Kopas Mental Health. This document will be provided to these clients upon scheduling.

Out of Network

Our in-network insurances are always listed on our website for review. If Kopas Mental Health is out of network for your insurance, you are responsible for full payment according to the Professional Fee Schedule at the time of service. You will be provided a Good Faith Estimate of your costs for care upon initiation of service. We are happy to submit your claims to your insurance upon request on your behalf as a courtesy. If your insurance covers out-of-network behavioral health services, they will generally refund you based on the provisions of your selected plan.

Scheduling Access, Cancellations, and No-Shows

Kopas Mental Health has 100% self-scheduling and clients are expected to schedule appointments in advance to availability. Scheduling, rescheduling, and canceling appointments is the client's responsibility.

Clients have 24-hour access to self-scheduling within the client portal for dates within 6 months. Clients also receive multiple courtesy reminders within 72 hours prior to an appointment. To provide us time to complete administrative duties to prepare for your appointment, access to online appointment scheduling or rescheduling is cut-off for times within 24 hours. If a client sees an opening and is unable to schedule within 24 hours, they should email support@KopasMentalHealth.com to request that they be added to their desired provider's schedule.

Clients must reschedule or cancel appointments at least 48 hours prior to the scheduled date and time. Multiple No-Shows or Late Cancellations may result in discharge from services.

Late Cancellation (within 48 hours) can be done in the client portal until the 24-hour cutoff time explained above with a \$75 Late Cancellation Fee. Within 24 hours, clients must email support@KopasMentalHealth.com to avoid No Show status. A **\$75 Late Cancellation Fee** and will be collected from the card on file.

A **No Show** appointment is defined as a patient not notifying prior to a scheduled appointment and not showing up to the appointment within 15 minutes of a New Patient appointment or within 5 minutes of a Follow-up appointment. A **\$75 No Show Fee** will be collected immediately from the credit card on file.

I CONFIRM THAT I HAVE READ, UNDERSTAND, ACCEPT, AND AGREE TO THE TERMS AND CONDITIONS EXPLAINED IN THIS DOCUMENT. I AGREE THAT MY ELECTRONIC SIGNATURE PROVIDED HEREIN IS AS EQUAL AND VALID AS MY WRITTEN SIGNATURE.

Patient Name (please print): _____

Patient/Guardian Signature: _____

Date: _____