



## Kin-Etic Behavioral Health

### Financial Policies

Effective May 10, 2023

1. **Patient Information/Proof of Insurance:** Before your initial appointment, all clients must complete/verify patient information before seeing the counselor. If you fail to provide Kin-Etic Behavioral Health (KBH) with the correct insurance information in a timely manner, you will be responsible for payment of services rendered.
2. **Insurance:** KBH participates in most insurance plans. If you are not insured by a plan with which we are contracted, payment in full is expected at each appointment. Please view our Good Faith Estimate document for our service fees. If KBH is a participating provider with your plan but you have not provided an up-to-date insurance card, payment in full for each appointment is required until we can verify your coverage. Knowing your insurance benefits, deductibles, and copayments is your responsibility. Please contact your insurance plan with any questions you may have regarding your coverage.
3. **Co-payments and deductibles:** All co-payments must be satisfied 24 hours prior to your scheduled appointment. It is your responsibility to be aware of your deductible rate. It is suggested for clients with high deductible rates to make a \$75.00 payment at the time of service. It is your responsibility to pay any outstanding balances until your deductible has been satisfied.
4. **Claims submission:** Your insurance benefit is a contract between you and your insurance company. KBH will submit your claims for the services which have been provided. Your insurance company may need you to supply certain information directly in order to process a claim. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility, whether or not your insurance company pays your claim.
5. **Coverage changes:** If your insurance changes, please notify KBH before your next session to help you receive your maximum benefits. Failure to notify KBH of insurance changes could result in denial of claims and patient responsibility for payment of the denied claim.
6. **Fees and Payment:** Due to KBH's remote billing system, credit/debit/ HSA cards are the primary methods of payment. Therefore:
  - a. Please view the Good Faith Estimate document to view our fees.
  - b. **Effective May 10, 2023, a credit card is required to be on file to receive services.** The practice may utilize payment methods on file for any balances, including late cancellation and no-show fees, without additional authorization.



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- c. Authorize KBH to bill your credit card for the balance and/or any ongoing balance on the client account.
  - d. Acknowledge there may be a time delay in the processing of charges to credit card, due to the nature of our billing system.
7. **Release of medical information:** Medical records can only be released with the authorization of your signature. This release will expire one year from the date of your signature unless cancelled in writing prior to that date.
8. **Referrals:** Your insurance may require a referral form from your primary care physician for procedure/service(s) prior to your appointment. It is the patient's or guarantor's responsibility to obtain the appropriate referrals prior to your appointment. If you are unable to produce a referral at the time of your appointment, you will be given the option to reschedule the appointment or sign a waiver of insurance and pay for the appointment in full.
9. **Non-covered services:** Not all services provided by our practice are covered by every plan. Any service determined to not be covered by your plan will be your responsibility to pay and must be paid before being scheduled for another appointment.
10. **Cancellation policy:** Effective May 10, 2023, the following list of cancellation and missed appointment rates are listed below:
- a. **Cancellation fees:**
    - i. To cancel an appointment, you must contact your clinician or the office 48 hours prior to your scheduled appointment. If the client fails to contact the clinician or the office to cancel an appointment the card on file will be charged.
    - ii. **No charge: 48 hours or prior notice**
    - iii. **\$120.00 fee: Less than 48-hour notice**
      - i. These charges will be your responsibility and must be paid before being scheduled for another session.
  - b. **No show/no call:**
    - i. If the client fails to contact the therapist or the office to cancel an appointment within the 48-hour timeframe or the day of the appointment, it is considered a no show/no call. The card on file will be charged.
    - ii. **\$145.00 fee**
    - iii. These charges will be your responsibility and must be paid before being scheduled for another session.



- 11. Nonpayment/delinquent accounts:** If the patient responsibility portion of your account is over 90 days past due, you will receive a notification that you will need to pay your account in full to halt collection activity. In the event your account becomes delinquent, you will be liable for all reasonable collection/attorney fees plus filing and processing costs.
- 12. Contacting us concerning your Bill:** You may call the office at (240) 607-2679 or you may email us at [info@kwayconsulting.com](mailto:info@kwayconsulting.com) with any billing questions or concerns. Our goal is to provide and maintain a good Provider-client relationship focused on your clinical needs while letting the experts in our billing department handle their work directly. Please address all billing concerns with those experts rather than your Provider so that your clinical team can focus on your therapeutic care.