



Understanding your financial responsibilities helps avoid unexpected bills. Please read this policy completely and ask questions before signing. Contact our billing department at support@backcountrymentalhealth.com with questions.

1 SESSION FEES (PRIVATE PAY / SELF-PAY)

Our standard fees are listed below. If you are uninsured or choosing not to use insurance, these fees apply. We accept credit/debit cards, HSA/FSA cards, and check.

Service	Standard Fee	Your Negotiated Fee (if applicable)
Initial Psychiatric Evaluation (60–90 min)	\$300	\$_____
Medication Management Visit (15–30 min)	\$150	\$_____
Individual Psychotherapy (50–55 min)	\$200	\$_____
Psychotherapy + Medication Management (30 + 16–37 min)	\$250	\$_____

Sliding Scale / Reduced Fees: We offer a limited number of reduced-fee slots based on financial need. Ask our office for an application. Fee agreements are reviewed annually.

2 INSURANCE BILLING

We will bill your insurance as a courtesy. You are responsible for all charges not covered by your insurance, including:

- Deductibles, co-pays, and co-insurance (due at time of service)
- Services denied as not covered or not medically necessary
- Services provided after your coverage has lapsed or been terminated
- Out-of-network rates if applicable

It is your responsibility to verify your mental health benefits before your first appointment. Check your insurance card or call the member services number to confirm coverage, your deductible status, and whether pre-authorization is required.

Co-pay / co-insurance is due at the time of service: \$_____ (as provided by your insurance)

3 CANCELLATION AND NO-SHOW POLICY

Your appointment time is reserved exclusively for you. Late cancellations and missed appointments affect our ability to serve all patients.

- Cancellation must be made at least 48 hours in advance (2 business days) to avoid a fee
- Late cancellation (less than 48 hours notice): \$100 fee
- No-show (missed without notice): \$200 fee
- Insurance does NOT cover cancellation/no-show fees — these are billed directly to you
- After 2 or more no-shows or late cancellations, we may discharge you from the practice or require prepayment

Exceptions may be made for genuine emergencies at the provider's discretion.



4 PAYMENT POLICY

- Payment is due at the time of service unless other arrangements have been made in advance
- Balances over 60 days past due may be sent to a collections agency after written notice
- A \$35 fee will be charged for returned checks
- Accounts with outstanding balances may result in suspension of non-urgent services

5 GOOD FAITH ESTIMATE (NO SURPRISES ACT)

Under federal law (No Surprises Act, effective 2022), you have the right to receive a Good Faith Estimate of expected charges for scheduled services. Ask our office for a Good Faith Estimate before your first appointment. If your actual bill exceeds your Good Faith Estimate by \$400 or more, you may dispute the bill.

6 ASSIGNMENT OF BENEFITS

I authorize my insurance carrier(s) to pay benefits directly to this practice. I understand that I am responsible for all charges not covered by my insurance. This assignment remains in effect until revoked in writing.

7 AUTHORIZATION TO RELEASE INFORMATION FOR BILLING

I authorize this practice to release any health information necessary to process insurance claims and obtain payment, including diagnosis codes, treatment dates, and other billing information. I understand that some information may be shared with my insurance company as part of claims processing.

8 ACKNOWLEDGMENT AND SIGNATURE

By signing below, I confirm that I have read and understand the Financial Policy of Backcountry Mental Health. I agree to the payment terms described above, authorize assignment of insurance benefits to this practice, and authorize release of billing-related health information to my insurance carrier(s).

Patient / Guardian / Responsible Party Signature

Printed Name

Date

If signed by someone other than the patient:

Responsible Party Name

Relationship to Patient

Phone