



PASADENA NEUROPSYCHIATRY

Addendum To Financial Agreement as of October 1, 2022

1. It is the patient's responsibility to contact their insurance plan before each appointment to confirm coverage with the treating physician for the date of service as well as identifying all out of pocket costs, including copays.
2. Copays are due on the day service is provided, before the appointment begins. Copays are part of a contractual agreement between this medical practice and an insurance provider. Failure to collect copays can result in a breach of this contract which can impact the medical practice's ability to collect the previously agreed upon rates for service codes.
3. Deductibles must be paid before this practice can receive reimbursement for ANY procedures/treatments/appointments which includes TMS. You are responsible for your deductible as part of your agreement with your insurance plan. If you have difficulty paying toward your deductible, we can try to work out a reduced fee scheduled based on your W2.
4. If a copay is reduced or waived, it must be approved by Torie Sepah, MD and the precise nature of the exemption must be documented in the chart with supporting documentation such as a W2, proof of recent unemployment, etc. Although Dr. Sepah has provided exemptions to some patients during the pandemic in order to ensure access to evidence-based treatment modalities such as TMS, reducing or waiving a copay for any reason may in fact nullify the contract this practice holds with the given insurance plan, placing the patient at higher risk financially. As such, if a waiver is provided, it should be with the understanding that the patient is ultimately responsible for the contracted cost of the service if their insurance plan does not reimburse the practice.

5. As a courtesy, this practice will see you without receiving full payment for the services to be rendered on the date of your appointment and/or treatment so long as your account is current and/or a payment in process if there is an outstanding balance. A bill will be submitted after the fact, typically within 24 hrs, to your insurance plan who has a legal obligation to fulfill the invoice within 30 days so long as it is appropriate (pre-authorization provided for particular services, etc.). If payment is not received within 30 days of the bill being submitted to your plan, you will receive a statement with the amount due, which is based on the contracted rate. We will make one point of contact to your insurance plan to investigate the reason for the non-payment. If it is not resolved, you are responsible for full payment 60 days after services were provided. If and when your insurance plan does pay toward a balance you have already resolved, we will credit you back the exact amount, providing you with a copy of the electronic record.
6. A \$75 fee will be applied to your account on day 61 if it is not paid in full or a payment plan has not been agreed upon.
7. An additional \$75 will accrue on day 91 and every 30 thirty days going forward. Once the bill has been outstanding for a total of 120 days, your account will be reported to one of the credit reporting agencies in accordance with California legal code, at which time it will also be referred to a collection agency who may or may not superimpose additional fees/penalties.
8. We will require a current credit card be kept on file to ensure collection of outstanding copays and deductibles.
9. A down payment of \$1000 or roughly 10% of the total cost based on the contracted rate will be required in advance of starting dTMS or Spravato.

PRINTED NAME of patient and/or guardian if conserved or under 18 years old:

DOB:

DATE:

SIGNATURE:
