



Financial Policy Agreement

Our relationship is with you, not your insurance company. It is therefore your responsibility to verify if Sundstrom Clinical Services (SCS) providers are in-network with your insurance plan. If you change your insurance, you are responsible for notifying SCS prior to any services covered by your new policy. If there is a gap in your insurance or your policy is terminated, any services provided during that time will be billed to you.

Mental health services can sometimes be covered differently by your insurance than medical services—this is called a “carve-out.” The services we provide (both prescription and therapy services) **may be covered under the mental health benefits of your health insurance policy. It is important to confirm that your SCS provider is in network with your mental health carrier**— especially if you have a mental health carve out.

Your insurance policy is a contract between you and your insurance company. SCS will file claims with your insurance plan for the services we provide. Any money owed after insurance has processed your claims will become your responsibility. If there is a dispute over correct payment or covered services, our billing company will make a courtesy attempt to resolve the discrepancy with your carrier. If we are unable to resolve the dispute, the balance will be your responsibility. Awareness of the following terms can help you in understanding the cost of your services:

- **Co-Payment:** An amount owed at the time you meet with your provider. It is a fixed dollar amount determined by your insurance contract.
- **Co-Insurance:** This is an additional amount you owe AFTER your claim has been processed. It is determined by your insurance contract. Clients who prefer to pay their coinsurance at the time of service may do so by request. Any coinsurance due once claims have been processed will be billed to your securely encrypted credit card.
- **Deductible:** Many policies have an amount you owe for services BEFORE your insurance company will pay for services. After you pay your copay, and the insurance has processed the claim any remaining amount that is part of your deductible will become your responsibility. These payments will generally be billed to your securely encrypted credit card.
- **Prior Authorization:** You are responsible for verifying if prior authorization is required for any services provided by SCS. For certain types of testing, we do request prior authorization from your insurance carrier. **THIS IS NOT A GUARANTEE OF PAYMENT.** Any unpaid charges will be your responsibility if they are not covered by your insurance. Your insurance policy may not cover all services provided to you. **It is your responsibility to understand your insurance benefits before your visits occur as we cannot guarantee services will be covered by your plan.** Education assessments (e.g., learning disabilities) are not covered by insurance. Services not covered by insurance, such as phone calls, follow-up correspondence, completion of forms like disability and FMLA, legal services, travel time and court testimony, are due at the time of service.

**Required Credit Card on File:**

SCS requires a credit card on file to receive services. For your protection, we will collect your credit card information via the phone and enter it directly into a secure terminal that integrates with our credit card processing company. We will never keep a written copy of your credit card. We accept Visa, Mastercard, and Discover.

Copays and self-pay services are due at the time services are provided and your credit card will be charged at the time of service via a credit card on file. Charges are typically processed within 24-48 hours following your appointment. Balances for co-insurance and deductibles are due when your insurance carrier processes your claim.

Late Arrival, Cancellation & No-Show Policy:

We seek to honor your scheduled appointment times. When a patient cancels without giving notice, we are prevented from being able to provide service to others who desire an appointment. If you need to cancel or change your appointment, it is your responsibility to call the office at 503-653-0631. **We require at least 2 business days (48 hours) prior to your scheduled appointment for therapy or medication management services and at least 3 business days (72 hours) prior to your scheduled appointment for testing services.** If you do not attend your scheduled appointment or cancel with less than the required timeframe for the services above, you will be charged based on the following fees:

- \$50 for an individual Group Session
- \$110-120 for a Therapy appointment
- \$150 for a Medical and Prescription appointment
- \$150 for a Testing Intake with less than 3 days (72 business hours) notice
- \$500 for a Testing Assessment with less than 3 days (72 business hours) notice

If you miss two (2) scheduled appointments without notifying the office, we will cancel the remaining scheduled appointments. You will need to talk with your provider to schedule further appointments. If you feel you have been wrongly charged for a missed appointment or late cancellation, please discuss it with your provider. **If you arrive more than 10 minutes late for your appointment, you may be charged \$45-60 depending on the scheduled visit. These fees are not covered by your insurance.**

Past Due and Collection Accounts:

Clients with past due accounts will be required to make payment in full before further services are provided by SCS. We reserve the right to forward your account to a collection agency if it is determined to be uncollectible. If your account is referred to an outside collection agency or you have filed bankruptcy, you may be required to pay cash before receiving future services.



Assignment of Benefits

I authorize payment of mental health benefits directly to Sundstrom Clinical Services (SCS) for services provided to me (or my dependent), including services delivered via telehealth. I understand that I am financially responsible for any charges not covered by my insurance plan, including co-pays, deductibles, and non-covered services or fees. I authorize Sundstrom Clinical Services to release necessary mental health and administrative information to my insurance carrier or other third-party payers for the purpose of claims processing, care coordination, and legal compliance. I understand that only the minimum necessary information will be disclosed. I also acknowledge that telehealth services will be delivered through secure, HIPAA-compliant platforms to protect my privacy. This authorization remains in effect until revoked in writing.

Release of Billing Information

I acknowledge that Sundstrom Clinical Services (SCS) may release necessary billing and payment information - including dates of service, diagnosis codes, and treatment types - to my insurance company or other third-party payers for the purpose of processing claims, obtaining payment, or fulfilling legal or contractual obligations. I understand that only the minimum necessary information will be disclosed and that this may include sensitive mental health-related details required for reimbursement. I further understand that this release is limited to billing and administrative purposes and does not authorize the sharing of detailed clinical notes or psychotherapy content unless specifically required and permitted by law.

Your signature below indicates that you have read, understand and consent to the above agreements. Your signature indicates that you consent to providing SCS a full valid credit card number, and that SCS may charge your credit/debit card for charges related to all transactions during the stated time, up to the charge limit listed per transaction.

Client Name

Guarantor Name

Client or Guarantor Signature

Date