



FINANCIAL POLICY AGREEMENT

PATIENT NAME (PLEASE PRINT): _____

ACCOUNT NUMBER (OFFICE USE): _____

Interventional Psychiatry of Tampa Bay is committed to meeting your healthcare needs.

Our goal is to keep your insurance and other financial arrangements simple and concise while providing high-quality integrated care. To accomplish this, in a cost-effective manner, we have adopted new policies effective January 1st, 2023.

We ask that you acknowledge the following new financial policy guidelines by please initialing each of the lines below.

- _____ \$50.00 Return check fee (will be applied to the account).
- _____ It is the responsibility of the patient to provide up to date insurance information at each visit.
- _____ It is the responsibility of the patient to provide their current contact information to the practice.
- _____ It is the responsibility of the patient to verify with their insurance carrier individual policies and terms.
- _____ All copayments and deductible payments will be collected at the time services are rendered.
- _____ It is the responsibility of the patient to pay the stated "patient responsibility" noted on the patient's EOB (explanation of benefits) provided by the patient's carrier.
- _____ The clinic reserves the right to deny services or any follow-up care until the outstanding balance has been satisfied.
- _____ If the patient is unable to keep their appointment it is their responsibility to notify the clinic 48 hours prior to their scheduled appointment time, otherwise a late cancellation/NO show fee of \$85.00 dollars will be billed to the patient.
- _____ If preauthorization is required to be seen in the clinic it is the responsibility of the patient to obtain such authorization prior to receiving care.
- _____ All medical records request must be submitted in writing and allow for a two (2) week turn-around. This request can be faxed to 813-251-9422 or emailed to admin@interventionalpsychiatrytb.com. Please note, a fee of \$1 per page will be charged to the patient prior to the release of records. All records must be picked up by the patient in the clinic. The clinic will NOT be able to fax or mail records.



Again, to maintain high-quality efficient care, the clinic has adopted new fee for services pricing. Please initial below as your acknowledgment of the 2023 pricing changes.

New Patient Evaluation	\$485 (includes \$100 non-refundable deposit)
Non-refundable Deposit for New Patient Appt.	\$100 (which will be applied to any out-of-pocket cost)
30-minute Follow-up Visit	\$325
15-minutes Medication Management Visit	\$180
Off-visit Medication Refill Request	\$30
Letter Fee	\$60 +
Disability Paperwork	\$165 +
Medical Records and Copies	\$1/page
Cancellation/Missed Appointments	\$85 *
Telepsychiatry	30 minutes visit \$325; 15 minutes visit \$180
Prior Authorization (PA) medications	\$30 per prescription
Prior Authorization (PA) esketamine (Spravato)	\$100 initial PA; \$75 per subsequent PA
Insurance Appeals	\$175 +

**Please note, appeals and prolonged prior authorizations are not a required service to be provided by the clinic.

I have reviewed and agree to the above policy changes.

Print Name

Date

Sign

Witness (Staff Signature)