



Payments, Fees, Insurance, and Release of Billing Information

I. Payments

Payments are due at the time of service, unless other arrangements have been agreed upon. We accept personal checks, cash, credit or debit cards, and money orders. Checks should be made payable to Mile High Psychiatry, LLC.

II. Fees

For a thirty to sixty-minute initial evaluation, our standard fee is \$275.00 - \$305.00. This does not include any additional add-ons such as psychotherapy, coordination of care, etc. Follow-up psychotherapy or combination (psychotherapy and medication management) visits will last up to thirty minutes and will cost \$175.00 - \$225.00, depending on the complexity of the visit. Other miscellaneous services that require more than ten minutes of time may cost from \$30.00 - \$50.00. Fees may be subject to change, and a thirty-day notice will be provided for any fee increases. Cash rates and payment plan options are available upon inquiry.

III. Insurance

We currently accept various insurance policies. Clients are encouraged to contact their insurance company prior to their visit to confirm active coverage.

If we do not participate with your insurance plan, we will be considered "out of network." Clients seeking reimbursement for their sessions may need to consult their insurance company regarding mental health benefits for out-of-network providers. We will provide a paper "super bill" that can be submitted to the insurance company for possible reimbursement.

Certain insurance companies may have limitations on the number/frequency of visits and types of medications covered. Some forms of treatment or a large number of sessions may require prior authorization. In such cases, we may need to provide information about the diagnosis, history, and treatment plan to the insurance company.

If the insurance company denies the fee for service or does not pay the full rate, the client will be responsible for the total unpaid balance.

By signing this document, I acknowledge that I have read and understood the combined Authorization of Benefits, Release of Billing Information, Payments, Fees, and Insurance Policy.

IV. Release of Billing Information

I authorize Mile High Psychiatry, LLC to obtain and disclose any billing information necessary for the processing of payment and reimbursement for healthcare services rendered to me. This authorization includes the disclosure of relevant billing details to my insurance company and other entities involved in the payment process.

Client Name (Printed): _____

Client Signature: _____ Date: _____

Parent/Guardian Signature (If applicable): _____

Date: _____