

Patient Code: _____

FINANCIAL POLICY AND AUTHORIZATION

(GENERAL INSURANCE)

- Contemporary Care requires payment at time of service.
- Contemporary Care does not accept all insurance, but may provide bills for you to submit to your insurance carrier for reimbursement. (*Contemporary Care does not guarantee that you will be reimbursed by your insurance carrier*).
- Patient is responsible for all costs of their treatment, and will also be responsible for any costs incurred regarding bill collection. Returned checks will be charged the entire amount plus a \$25 fee.
- Invoices will be generated on Mondays the week after each treatment
- Duration of treatment is based on treatment plan set by doctor.
- **TMS Therapy Costs:** This will depend on insurance company rates for the following services.
 - Initial Evaluation
 - TMS Planning
 - TMS Treatment Sessions
 - Follow-up Sessions
 - Insurance Filing Fee
 - Recheck of TMS settings
 - **Copays \$ 40 per visit**
- **Medication Management Costs:**
 - Initial Evaluation:
 - Follow-up Medical Management
 - Psychotherapy
- **Cancellations are billed at \$150, if you cancel with less than 24 hours' notice.**
- **Payment Options:**
 - Payment may be made by check or credit card. (*for easier processing, you may keep a credit card number on file with us*).
 - Checks should be made out to *Contemporary Care*
 - Patient will be responsible for all copays and deductibles

I hereby acknowledge that I have read, understand and agree to this Financial Policy:

Patient Code: _____

Patient Signature

Date

PAYMENT INFORMATION

- Check
- Credit

Credit Card Authorization:

I hereby authorize Contemporary Care to charge the full cost of my treatments to the following credit card:

- Visa
- Mastercard

Card # _____ Exp ____/____

Security # _____ Billing Zip Code _____

Card Holder Signature _____ Date _____

PAYMENT INFORMATION

- Check
- Credit

Credit Card Authorization:

I hereby authorize Contemporary Care to charge the full cost of my treatments to the following credit card:

- Visa
- MasterCard

Card # _____ Exp ____/____

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