iTrust Wellness Group, LLC
111 Commons Way Greenville, SC 29611
Phone: 864.520.2020 **Fax:** 864.640.4400

Office Financial and Payment Policy

Thank you for choosing iTrust Wellness Group as your mental health provider. We are committed to providing you and your family with the best possible mental health care. In our ongoing process to make sure all of your mental health needs are met, we would like to present our Office Financial and Payment Policy in order to minimize misunderstanding about fees and increase overall transparency with the billing process. We ask that all responsible parties read and sign this policy prior to seeing the physician. This policy is offered in an attempt to develop and sustain a continued professional and pleasant relationship. Our billing department will be available to discuss our fees and this policy.

As a courtesy to you, iTrust Wellness Group will bill your insurance carrier for services provided. In order to properly bill your insurance company, we require that you disclose all insurance information including primary and secondary insurance, as well as any changes of insurance information. Failure to provide complete insurance information may result in patient responsibility for the entire bill. Certain insurance companies, even though we are in network, will also not cover billed services. In this situation, you are responsible for any uncovered charges by your insurance company. Although we may estimate what your insurance company may pay, it is the insurance company that makes the final determination of your eligibility and benefits. Any laboratory tests which require an outside lab to perform will be billed separately by that company.

As the responsible party, please understand:

1. Payments for all services, which include unpaid balances, deductibles, co-payments, or other non-covered services as set by your insurance carrier are due at the time services are rendered. In order to service you better, we accept cash as well as Visa, MasterCard, and Discover credit and debit cards. Please note that payments made by credit and debit cards are subject to a processing fee.

2. While we normally do not accept checks as payment for services, some clients choose to pay using this method. To avoid delinquencies in check processing, returned checks will be subject to a fee of $60.00.

3. If you participate in a high-deductible health plan, we require that you pay 50% of unmet deductible or 80% of billable charges, which is lesser of the two, at the time of service. If we receive notification from your carrier that our claim did not process to your deductible we will refund any monies owed to.

4. Self Pay Patients will be expected to pay at the time of service. If you are not able to pay in full, you must contact our billing department prior to being seen by the physician to make payment arrangements.

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5. We are participating providers with Medicare and will bill Medicare for all covered services. If you have a supplemental insurance, we will bill your supplemental insurance. If you do not have a supplemental insurance, your portion, which is 20% of the amount allowed by Medicare and Medicare deductible, will be collected at the time of each service. You will be expected to pay the allowed amount until you have met your Medicare deductible each year.

6. I understand that if I fail to make any of the payments for which I am responsible in a timely manner and my account becomes delinquent, I agree to be responsible for any and all cost of collecting monies owed. This is including, but not limited to, court costs, litigation costs, and attorney's fees of 50% associated with any necessary collection procedures brought about by Premier Collection Services, LLC, should that be necessary. We reserve the right to turn any account that becomes delinquent over to a collection agency or attorney's office who would then manage the collection of your account.

7. I/We agree to pay all attorneys' fees, court costs, filing fees, including charges or commissions up to 50% percent that may be assessed to us by Premier Collection Services, LLC who has been retained to pursue this matter. I/We agree to pay interest at the rate of 11/2 percent per month (18 percent per year) on any outstanding balance.

8. When an appointment is scheduled with a physician, time is specifically allocated for you. We understand there may be times you are unable to keep an appointment, but we ask the courtesy of a phone call to cancel your appointment. We require 24 hour notification of cancellation, failure to do so will result in a $75.00 no-show fee. Failure to show 3 times will prevent us from rescheduling any appointments for you.

9. Any outstanding balance on a clients account under $20.00 will be automatically collected without a courtesy call to streamline our billing process. We typically make efforts to attempt to make contact with clients for balances over $20.00 for reasons such as deductibles, co-payments, etc. For increased account and financial transparency, statements are sent out monthly by a billing company.

At iTrust Wellness Group, we understand that financial problems may affect timely payment, so we encourage you to communicate any such problems to us so that we may assist you in keeping your account in good standing. If you have any questions, please contact our billing department at (864) 520-2020.

Agreement

All clients are required to read, agree to, and abide by iTrust Wellness Group's policies prior to receiving care regardless of intellectual capacity, diagnostic presentation, age, or other such similar factors that are not mentioned as the safety of our staff and clientele is the number one priority for the iTrust Wellness Group. In the case that a client is under the age of 18 or does not have the ability or intellectual capacity to consent to iTrust Wellness Group's policies, the client's legal guardian or legal representative is required to read and agree to the policies on behalf of the client and while acting in the client's best interest. By signing this document, you affirm that you understand and agree to the aforementioned policies.