

Financial Policy

COST OF TREATMENT: SELF-PAY

If you choose not to use your medical insurance to directly cover the initial cost of treatment, this is referred to as self-pay. The self-pay cost per IV or IM ketamine treatment for mood disorder is **\$500** alone, or **\$550** with ketamine-assisted therapy. The self-pay cost per IV ketamine treatment for pain is **\$1,250**. A 10% discount will be provided for EMS, first responders, veterans, and healthcare workers if paying fully out of pocket. At your request, we can provide you with a superbill to submit to your insurance for reimbursement.

COST OF TREATMENT: INSURANCE

If you choose to utilize your medical insurance, we split the cost between you and your insurance payor. Your upfront financial obligation for Mood Infusions is **\$250** and for Pain Infusions is **\$1,000** at time of visit to cover related costs that have no contracted rates (these are deemed patient responsibility). Please understand your upfront cost is not billed to your insurance payer. The billing codes for which the insurance company has contracted rates, will be billed through your insurance in a typical manner. This means you will be responsible for your **co-pay** (in addition to the \$250 Mood or \$900 Pain fee) and the remainder will be billed to your insurance. After your insurance has processed the claim, you may still be responsible for any **co-insurance, deductible, and or any other cost deemed patient responsibility**. Please note superbills cannot be created for out of pocket charges. However, a receipt will always be provided upon request.

COST OF THERAPY (WITHOUT KETAMINE):

The full-price out of pocket cost for a therapy session without medicine, either in-person or virtual, is **\$125**. This includes, but is not limited to, Preparation Therapy (before medicine sessions) and Integration Therapy (after medicine sessions). Should you choose to utilize your insurance, the cost of your visit will be subject to your mental health benefits.

CANCELLATION FEES:

Patients are required to inform Alchemy Wellness telephonically **no less than 24 hours** ahead of a scheduled appointment if they need to reschedule or cancel the appointment. If this is not done, a **\$50** late cancellation fee will be charged to the patient's credit card on file, due to clinical cost requirements. In addition, if you **do not call and do not appear** for your scheduled appointment your credit card on file will be charged **\$250**. For consultations, if you do not call and do not appear, your account will be charged **\$50**. For consultations, if the same appointment is canceled or rescheduled more than three times, there will be a **\$50** fee applied.

TERMINATION OF TREATMENT FOR NO CALL/NO SHOW

It is at the discretion of Alchemy Wellness to terminate service after two no call, no show appointments.

CONSENT TO USE INSURANCE

Your health benefit plan is an arrangement between you and the insurance company. Your health benefit plan regulates your coverage and any requirements for prior authorizations or referrals that may limit your coverage. Alchemy Wellness cannot know the benefits and exclusions of each client's policy. It is the client's (patient's) responsibility to know and understand their policy coverage and benefits. We may obtain verification of your eligibility and benefits, however, when using insurance it is not a guarantee of coverage or payment. Actual benefits are determined only after the claim is received by your insurance payer and reviewed.

Your insurance plan will not guarantee the accuracy of their confirmation of coverage or benefits, that you are eligible, or that your benefits are in force. It is also your responsibility to know if your insurance has specific rules or regulations, such as the need for referrals from primary care physicians, precertification, limits on outpatient charges, and specific physicians and/or clinics to use. You should be knowledgeable of any deductibles met or not met, co-payments, and/or coinsurance. You agree to accept responsibility for co-payments, deductibles, medical care, and other services provided to you that are not specifically covered by your insurance plan. Your insurance plan's services, plans, and benefits may be subject to and governed by applicable contracts and government regulations. This agreement is not intended to conflict with or circumvent the provisions of such contracts and regulations, including any provision regarding grievance procedures that may be available to you. Non-covered and denied charges (any service that is denied by your insurance carrier due to benefit descriptions or limitations, policy exclusions, or pre-existing waiting periods) will be the client's responsibility and payment is due at the time of service.

RIGHTS AND PROTECTION AGAINST SURPRISE MEDICAL BILLS

When you are treated by an **In-Network Provider**, the laws protect you from "balance billing" (sometimes called "surprise billing"). When you see a healthcare provider, you may owe certain out-of-pocket costs, such as co-payment, co-insurance, and/or deductible. You may have other costs or have to pay the entire bill if you see a provider that isn't in your health plan's network or if your deductible hasn't been met. **Out-of-Network** describes providers that haven't signed a contract with your health plan. If you see a provider that is Out-of-Network you are responsible for all charges incurred. If your health plan is out-of-network with Alchemy Wellness and you would like to file for reimbursement after paying for services in full, it is the patient's responsibility to submit a superbill to their insurance carrier for potential reimbursement. Your health plan generally determines the base of what you owe the provider or facility (cost-sharing) on what it would pay an in-network provider or facility. If there is an amount owed it will be provided to you in an explanation of benefits (EOB). Most amounts paid by you pay for out-of-network services toward your deductible and out-of-pocket limit.

I have read, understand, and agree with the financial policy at Alchemy Wellness. _____

Signature: _____ Date: _____