

PATIENT BILLING FORM

Thank you for choosing to receive psychiatric care at SoCal Wellness. We are not in-network for any insurance companies and I require patients and/or identified responsible parties to pay up front for all services rendered. These fees are nonrefundable after the completion of each appointment. Although you may receive reimbursement from your insurance company for some or all of the cost of care, you must identify who will provide payment at the time of service. We accept cash, check, Venmo or Paypal. Please bring cash or check to each appointment if you do not wish to use electronic Venmo/Paypal.

Please also complete the credit card authorization form for at least one credit care, which will be securely kept on file as back up to ensure payment for services.

Responsible party paying for services:

Name: _____

Street Address: _____ (leave blank if you are responsible)

City, State, Zip: _____

Phone: _____

Although we do not accept insurance, many insurance companies will reimburse you for some of the cost of your care. The amount your insurance company will reimburse you depends on many factors:

Your insurance plan: Most HMO plans do not provide any out-of-network benefits and will not reimburse you for services. PPO plans are more likely to provide out-of-network benefits and to reimburse you for some of the cost of your care.

The patient's diagnoses, if any: Insurance companies provide more mental health coverage for certain diagnoses, called "parity" diagnoses.

The number of mental health services received: Many insurance plans will only reimburse for a certain number of mental health services per year. Once that number is fulfilled, they may not reimburse for additional visits.

The type of service provided: For billing and insurance purposes, each health care visit is given one or more "procedure codes" that describe the services rendered during the visit.

The charge depends on the type of services provided during each visit, as described by the visit's procedure code(s). Likewise, the amount of money your insurance company reimburses you for will depend on the visit's procedure code(s).

Submission of a reimbursement request form: You must submit a request to your insurance company asking for reimbursement. Each insurance company's process for requesting reimbursement may differ. If you would like assistance in this matter, please ask your provider for support at time of visit. Please note, **there is no guarantee that your insurance provider will reimburse partial or full cost of your care. SoCall Wellness is not responsible for any fees associated with your care that is not reimbursed by your individual insurance provider.**

Signature _____ Date
