



Lifespan Behavioral Health Services

Taking Steps Together 

Lifespan Behavioral Health Services PC

AUTHORIZATION OF SERVICE and FINANCIAL POLICIES

Our practice participates with most major insurance carriers. If you have any questions, whether a specific provider is participating with your health plan, please contact our billing department before services are rendered. Our office will obtain insurance eligibility and benefits prior to your initial visit, and when your insurance changes. Though your insurance plan is a contract between you and them, as a courtesy to you we will submit insurance claims to all your insurance carrier(s). The policy holder of the insurance is financially responsible for all denied and non-payable balances from the time services are rendered and all outstanding amounts due after your insurance(s) have processed your claim, including any deductibles, co-insurances, and co-pays. All financial amounts including self-pay rates are due upon arrival for each visit.

Lifespan Behavioral Health Services (LSBH) requires all LSBH clients to keep a credit card on file for payment purposes. Our system will maintain your Credit Card information securely on file. By providing us with your credit card information, you are giving Lifespan Behavioral Health Services permission to automatically charge your credit card for the amounts due for services received when we reconcile your account. The amounts charged will match the responsibility amounts as determined by your insurance company and are reflected on the explanation of benefits (EOB's) from the insurance company and /or costs accrued for non-covered services as deemed by you and your provider. Such costs include, but are not limited to form letters, court appearances, reports, urine drug screens, public speaking events, IEP meetings, phone calls, medical record requests and/or coordination of care services.

If the credit card information we have on file changes for any reason, you must notify LSBH as soon as possible. If there is a balance on your account at the time of your next service which is not paid, services can be denied. If you have any questions about a charge please notify us within 15 days. After 30 days all charges will be assumed to be correct.

We will maintain clear record of all payments and charges. However, in the rare case that an overpayment occurs, your account will be credited on the upcoming invoice or if the balance is zero and you have taken a break from therapy a reimbursement can be put back on the same credit card. You will also receive a paid invoice from LSBH showing your payment. In the event of a declined charge, you will be asked for a new credit card number and/or payment before services are continued.

Self-Pay Rates: Physician: Initial Evaluation - \$300.00; Follow-Up sessions - \$150.00
Nurse Practitioner: Initial Evaluation - \$200.00; Follow-Up sessions - \$100.00
Physician Assistant: : Initial Evaluation - \$200.00; Follow-Up sessions - \$100.00
Therapist: \$180.00 / hour session; \$150.00 / 45-minute session

Cancellation / No-Show Policy: We request you provide our office with a minimum of 24 hours' notice when cancelling or rescheduling an appointment, so we may offer that time to another patient in need. Appointments cancelled less than 24 hours, or if you miss your appointment completely the following fees will apply: \$65.00 for appointments scheduled with a Physician, Nurse Practitioner, or Physician Assistant; and \$65.00 for an appointment scheduled with a therapist.

Preparation of Letters / Completion of Forms: In order to ensure proper completion of forms or letters, you may be asked to schedule an appointment to meet with your provider in order to fulfill the request. The fees for these services are \$20.00 for each letter, and \$40.00 for each form; these fees are due from the patient and must be paid prior to documentation being released to you.

Court Appearances: Will be charged at an hourly rate set by the provider who is requested to appear in court and must be paid in full prior to the date of the court appearance.

Medical Record Request: Our office abides by the State of Maryland guidelines regarding fees, authorization, and record release. Our office requires a signed authorization by the patient and/or legal guardian for minors. The fee per page is set by the State each year, so please check with our admin staff with the current rate before the service of printing is performed. Whomever is requesting the records is financially responsible for the charge and must be paid prior to record release. Our office has up to 30 days to honor all requests.

Payment Plans: If you have difficulty paying your outstanding balance in full, you may be eligible to set up a payment plan with our office. Please contact our Billing Department at 1-800-819-7570.

Returned Check Fee: An additional charge of \$35.00 will be applied for all returned checks. No future checks will be accepted thereafter.



Statement Fees: In the event the co-pay or outstanding balance is not paid at the time of office arrival, you will incur a \$10.00 fee for the service of processing a statement.

I acknowledge that I have received, read, understand, and agree to the financial policies set forth, and authorize services be rendered, billed to my insurance carrier(s), and payable to Lifespan Behavioral Health Services PC d/b/a/ LSBH at this time.

Printed Name of Patient

Today's Date

Signature of Patient

Patient ID# (office to complete)

Office Use Only PID: _____

Received by and Date: _____