

## Financial Policy and Patient Responsibilities at Vita Health

### Thank you for choosing Vita Health as your mental health provider!

We are dedicated to fostering a successful clinician-patient relationship and ensuring the effectiveness of your treatment and care. Understanding Vita Health's Financial Policy and fulfilling payment obligations are essential aspects of this relationship. For your convenience, this document addresses commonly asked questions regarding our financial policies. If you require further clarification or assistance, please contact our care coordination team who would be happy to assist.

### Payments:

- Any copayments, coinsurance, deductibles are due at the time of service for all patients.
- We accept credit or debit cards.
- Any follow up or reporting to third parties that becomes necessary due to unpaid balances on your account shall not be considered a breach of confidentiality.

### Proof of Insurance:

While Vita Health may be listed as a network provider for your insurance, this is not a guarantee of coverage. Patients are responsible for contacting the subscriber's employer or insurer with any questions regarding policy and coverage.

We cannot bill your insurance unless you provide us with accurate insurance information. To ensure seamless service, all patients are required to complete our patient information forms and releases, provide payment options via credit card details, and upload scanned copies of both sides of their current, valid insurance and identification cards for verification before scheduling an appointment.

Failure to provide accurate insurance information before the scheduled appointment will result in the patient being categorized as a self-pay patient. In such instances, the appointment fee will be charged to the credit card on file.

### Self-Pay Accounts:

Self-pay accounts encompass patients without insurance coverage, those covered by insurance plans not participating with Vita Health, or patients without an insurance card on file.

Payment will be processed when the appointment is scheduled.

### Insurance Billing and Patient Responsibilities:

Vita Health will handle billing with the patient's primary insurance company. Upon appointment completion, all copayments, deductibles, and patient responsibility amounts will be charged to the credit card on file.

It is the patient's responsibility to promptly update Vita Health with any changes in their information, such as address, name, or insurance details, ensuring accurate billing for services

provided. Failure to provide complete and accurate insurance information may result in the entire bill becoming the patient's responsibility.

While we may estimate your insurance coverage, the final determination of eligibility and benefits lies with the insurance company. If we are out-of-network for your insurance company, you agree to settle any charges not covered by insurance, including those exceeding the usual and customary allowance.

### **Patient Responsibility**

Vita Health requires patients to store their credit card on file through their patient portal unless contractual, state or federal requirements bar us from requiring you to do so. Vita Health will give patients 30 days after a billing statement is sent before charging the credit card on file for outstanding balances.

A balance is considered overdue when the client has not made a payment on the amount due not covered by insurance within 1 billing cycle (30 days).

Clients with overdue balances exceeding \$300 or with a balance outstanding for 90+ days will be required to comply with one of the options below:

- Make payment arrangements with a credit card on file
- Pay upfront for their appointment before being seen by a provider

Overdue balances are subject to a finance charge of 1.5% after 30 days of non-payment.

Unpaid balances may be reported to a collection agency. Any third party involvement shall not be considered a breach of confidentiality. We reserve the right to discontinue offering appointments until balance is rectified.

In the event of transfer of care, all remaining balances must be paid in full before records are released, unless financial hardship is demonstrated as the reason for the transfer.

### **Cancellation and No-Show Policies:**

We encourage patients to provide at least 24 hours notice for cancellations or rescheduling. If you cancel less than 24 hours prior to your scheduled appointment, we reserve the right to bill you for the full amount of the appointment.

A \$125 "no-show" fee will be charged for all missed appointments or late cancellations with exception for federal, contractual and state regulations where applicable, which will be charged to the patient's credit card on file. Excessive no-shows may result in discharge/transfer of care.

### **Notification Process:**

Patients are responsible for promptly notifying us of any changes to their scheduled appointments.

Notifications can be made via phone by calling (844) 866-8336 or you may cancel through your patient portal.

Thank you for your cooperation and understanding.

