



Financial Responsibility Agreement & Policies

This form should clarify the charges associated with MindSource Centre. The fees are based on time duration of service. Session time spent face to face may include interviewing, medication checks, planning, filling out forms, and telephone conversations to other entities.

Please Read the Following:

All appointments must be in the office. Please be aware that insurance companies do not pay for telephone visits, report writing, frequent/lengthy phone contact, late cancellations and/or no show fees. There may be fees assessed with any and all of these services not covered by insurance.

Reports, letters or other paperwork, done while you are not present, may incur a fee. This fee will be based on the amount of time spent on the preparation.

In the event of late cancellation or no show, you are responsible for the No Show Fee. The No Show Fee must be paid in full or payment arrangements must be made before another follow up appointment is scheduled. An appointment must be cancelled 48 business hours in advance to avoid the fee.

Unavoidable circumstances will be taken into consideration and final determination will be made Stephen Streitfeld MD.

In the event that your account gets referred to or placed with our collections agency, you will be fully responsible for all fees assessed with collections and/or any attorney fees or court costs.

All copayments, coinsurance, deductibles and past due amounts are due at time of service, if for any reason you are unable to pay at that time, we will require a signed payment arrangement agreement with a credit or debit card information and the dates we may charge the card. A fee for this convenience may be added to each payment made by this method.

In the event a payment arrangement is not honored, a fee will be assessed and an alternate payment in full will be required before a follow up appointment will be made.

In the event we are not contracted with your insurance company, regardless if it is primary or secondary, you will be responsible for payment. (Example- You have United Healthcare, UHC, as primary and AHCCCS as secondary. Since we are not contracted with AHCCCS, you must pay the copay for UHC. We will not bill an insurance company we are not contracted with.)

I have read and understand the above policies. By signing, I acknowledge that I will adhere and agree to all office policies. I am willing to continue with my evaluation or treatment.

Printed Name: _____ Signature: _____

Patient Name: _____ Date: _____



Fee Schedule and Codes

These are some of the basic codes we may bill for at the cash pay prices, if you do not have insurance or your insurance does not cover mental health you will be responsible for these costs to see Dr Streitfeld. All billable codes are not included in this list. If you have any questions, please contact the office for further information.

Initial Evaluation (90792)	\$350
Office Visit (99215) (high complexity up to 40 minutes)	\$200
Office Visit (99214) (moderate complexity up to 25 minutes)	\$150
Office Visit (99213) (low complexity up to 15 minutes)	\$125
Transcranial Magnetic Stimulation (TMS) Initial Visit (90867)	\$550
Transcranial Magnetic Stimulation (TMS) Follow-up Visit (90868)	\$400
Transcranial Magnetic Stimulation (TMS) Threshold Re-eval (90869)	\$550
No Show/Late Cancellation Fee (New Patient)	\$100
No Show/Late Cancellation Fee	\$50
Returned Check Fee	\$35
Late Copayment Fee/Broken Payment Arrangement	\$5
Under \$100 Over 30 Days Past Due Balance Fee PER MONTH	\$5
Over \$100 Over 30 Days Past Due Balance Fee PER MONTH	\$10
Early Refill/Script Rewrite (See Policy)	\$10
Medication Prior Authorizations per-medication	\$15
Medication Prior Authorization letters	\$25

Any questions or issues should be brought to the attention of the office staff or the doctor for review or correction. Stephen Streitfeld MD has the final determination and authority regarding all billing matters.

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Printed Name: _____ Signature: _____

Patient Name: _____ Date: _____



MindSource
Centre