

FINANCIAL AGREEMENT
Office of Monika do Valle, D.O., MPH / Onsite Psychiatry

Payment and Billing

Payment in full is expected at the time of service. Once payment is received, as a courtesy we will provide you with a superb that you can submit to your insurer for reimbursement. We do not verify out-of-network insurance benefits and recommend you do so yourself. *I agree to pay Dr. do Valle's charge for the appointment at each visit. I have been notified that Dr. do Valle has formally "opted out" of Medicare and cannot bill Medicare, even at a patient's request, for services rendered. I*

Dr. do Valle accepts cash, checks, PayPal and major credit cards.

Initial _____

Cancellation/No Show and Other Fees

In order to best serve all patients, Dr. do Valle requires 48 hours' notice to change any appointment. If adequate notice is not provided, the full appointment fee will be charged, regardless of the reason for cancellation. Insurance does not reimburse for missed appointment or late cancellation fees and the patient is wholly responsible. The fee will be due at the next appointment; in some cases, patients may be asked to pay their fee(s) before scheduling any further appointments. *I understand that I will be charged the full appointment fee if I no-show or cancel with less than 48 hours' notice, and that Dr. do Valle makes an exception to this policy only for women in labor or unexpectedly in the hospital. I have had any questions about this policy satisfactorily answered and I agree to it. In addition, I have reviewed the complete list of service fees on the practice website and I agree to pay such fees when the indicated service is rendered.*

Initial _____

Email Consult Fees

I understand that if I email Dr. do Valle with a question about my condition or treatment that requires her time and clinical expertise, I will be charged an email consult fee of \$65 for her response. This fee is not charged for email responses related to scheduling, billing, or other administrative matters. If I email the doctor regarding clinical matters, I will automatically be charged an e-consult fee, to be paid the day of service. If I want to

avoid the email consult fee, I will instead request an appointment to discuss my questions/ concerns.

Initial _____

Late Payment and Other Penalties

Payment in full is required at the time of service. If for some reason payment is not made at the visit, a \$15 billing charge will apply for each invoice or reminder sent. Generally, payment will be required before further appointments can be scheduled. NSF (bounced) checks incur a \$35 fee. Accounts that are seriously overdue may be forwarded for collection activity. *If I default and my account is referred for collections, I will be responsible for all costs of collecting monies owed, including interest, court costs, collection, collection agency and attorney fees.*

Initial _____

Financial Responsibility

I understand that Dr. do Valle does not bill insurance and I am responsible for payment at each appointment. Her office can provide me with a superb that I may submit to insurance for possible reimbursement only after I have paid in full. I am financially responsible for all charges related to my treatment with Dr. do Valle.

Initial _____

Patient Signature

Printed Name

Date