RIA
Behavioral Health Ltd.

Tel: 920.843.9162
Fax: 920.610.7190

Financial Policy

Thank you for choosing RIA Behavioral Health Ltd. (RIA) for your mental health care. This financial policy outlines your rights and responsibilities regarding payment for services. Please read this document carefully, select your preferred payment option, and sign below.

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1. Financial Responsibility & Insurance Authorization

I authorize my insurance benefits to be paid directly to RIA Behavioral Health Ltd.
I understand I am financially responsible for any balance not paid by insurance, including but not limited to:

- Deductibles, copayments, and coinsurance
- Non-covered or denied services
- Services rendered without prior authorization (if required)

I authorize RIA and/or my insurance carrier to release any necessary information to process insurance claims.
I agree to pay all charges promptly and in full once claims are processed by my insurance.

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2. Insurance Coverage Disclaimer

- RIA provides insurance billing as a courtesy, but the patient is ultimately responsible for all charges.
- Insurance companies may arbitrarily deny coverage for certain services, regardless of medical necessity.
- I am responsible for understanding the terms of my health plan, including coverage, deductibles, copayments, coinsurance, and any referral or authorization requirements.

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3. Payment Options

Please select one of the following options:

☐ **Use In-Network Insurance**

☐ **Self-Pay at Time of Service**

⚠ **Note:** If your insurance is out-of-network, you must choose the self-pay option.

If You Choose Insurance:

- RIA will submit claims to your in-network insurer on your behalf.
- You are responsible for:
  - Confirming your insurance benefits
  - Paying copays at the time of service
  - Making partial payments if your deductible has not been met
  - Paying any remaining balance once claims are processed
- **Telehealth services** will be automatically charged to your card on file, unless otherwise arranged.
- RIA will refund any overpayments within 60 days, unless claims are still pending.
- If you fail to provide current, accurate insurance information within 30 days of a change, you will be responsible for full charges at the standard billed rate.

If You Choose Self-Pay:

- You agree to **pay in full at the time of service**.
- RIA **will not submit claims** to your insurance or communicate with your insurer on your behalf.
- You may request a receipt for possible reimbursement, but RIA makes no guarantee and will not assist with the claim process.
- For **telehealth sessions**, you must prepay on the day of service or have an active credit/debit card on file.

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Current Self-Pay Rates:

- **Initial Assessment – With Medication Management:** $450
- **Medication Management Follow-up:** $260–$350*
- **Psychotherapy Add-on to Medication Management:** $130–$230*

*Fees vary depending on the time spent and clinical complexity. Contact us if you need details about specific services not listed.

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4. Missed Appointments & Late Cancellations

- A **$100 fee** will be charged for:
  - No-show appointments
  - Cancellations made with less than **24 hours' notice**
- This fee is **not covered by insurance**.
- RIA reserves the right to **automatically charge** the credit card on file after the fee invoice is sent via email.

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5. Accepted Payment Methods

We accept:

- ✅ Credit/Debit Cards
- ✅ Cash
- ✅ Checks (**established patients only**)

🧾 **Returned Check Policy:**

RIA enforces a **"One Bad Check"** policy. If a check is returned for any reason, a **$40 returned check fee** will be added, and checks will no longer be accepted from that patient.

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6. Delinquent Accounts & Collections

- Balances older than **60 days**, or failure to pay as agreed, may be sent to a **collection agency**.
- This may affect your **credit report**.
- You agree to pay any **collection-related costs**, including:
  - Interest
  - Attorney's fees (whether or not a lawsuit is filed)
  - Court and collection agency fees

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7. Acknowledgment & Signature

By signing below:

- I confirm that I have read, understand, and agree to the terms outlined in this Financial Policy.
- I accept financial responsibility for all services provided by RIA Behavioral Health Ltd.
- I authorize the release of medical or mental health information necessary for claim processing.
- I acknowledge my selected payment option and its implications

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Client Name (Printed): _____
Guardian/Guarantor name: _____
Client Signature: _____
Date: _____