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PSYCHIATRY

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PUBLIC POLICY

Financial policy and payment arrangements

Post-visit invoices, insurance, and payment permissions

These terms apply to charges the practice bills directly. If Headway, Alma, or another contracted billing service handles your encounter, its applicable payment process governs that encounter. The same service will not be collected twice.

Self-pay fees

Appointment	Length	Fee
Psychiatric evaluation	60 minutes	$300
Medication follow-up	20-30 minutes	$150
Psychotherapy	40 minutes	$175
Psychotherapy	60 minutes	$200
Introductory consultation	15 minutes	Free

The free introductory consultation is a conversation about the practice and whether it is a fit; it is not a diagnostic evaluation or medication visit. Reduced-fee availability is limited. Any reduced fee will be individually agreed before care. Insurance copayments, coinsurance, and deductibles follow the plan and applicable agreements.

Invoices and payment timing

For directly billed visits, an itemized invoice is sent after the service. Payment is due within seven days unless another arrangement is agreed. A separately authorized automatic-payment arrangement may schedule a charge no earlier than 72 hours after the invoice is sent, only after any required notices, affirmative acknowledgments, and payment permissions have been obtained. If those steps are incomplete, payment will be requested through a secure invoice instead. Signing a treatment form or acknowledging a financial policy does not authorize a card charge.

Payment method authorization

A payment method may be securely retained by the designated payment service under a separate authorization. You may decline or revoke that authorization for future use and arrange another accepted payment method without affecting access to medically necessary care. Revocation does not cancel amounts already owed. Permission to store a payment method does not, by itself, authorize a charge.

Enter payment information only through the designated secure payment service. Do not write a card number, security code, or bank-account number on a printable form or send those details in email or a portal message. Contact the practice before the payment deadline if you need another accepted arrangement.

Credit-card payment notice

Paying a medical bill with a regular credit card turns it into credit-card debt rather than medical debt. You lose state and federal medical-debt protections for that amount, including protections against medical-debt reporting to credit bureaus and protections that prevent health care providers from garnishing wages or placing liens on a primary residence. You also lose applicable protections limiting interest on unpaid medical debt and judgments to 2%. Your card agreement may impose interest and fees. A regular credit card may be used for medical and nonmedical purchases; a dedicated medical credit card has different protections. Ask the card issuer if you are unsure which kind you have. You may contact the practice about another accepted payment arrangement.

Insurance and responsibility

Before a visit, confirm the exact plan, clinician participation, and benefits. An insurer's name alone does not confirm coverage. Provide current insurance details and report changes. You are responsible only for amounts that may properly be billed to you under your plan, applicable agreements, and law. A denial does not automatically make you responsible for the full self-pay fee. Out-of-network reimbursement is not guaranteed.

Attendance and requested professional work

The Practice Policies set the attendance rules: $150 for a no-show, $100 for a late cancellation or rescheduling, and one shared courtesy waiver each calendar year. For an agreed reduced-fee appointment, the charge is half the agreed fee, capped at the standard charge for the event. The free introductory consultation and practice-related failures do not incur attendance charges. Charges remain subject to payer and legal limits.

An agreed form or letter request is $100 for up to 30 minutes, with a possible second $100 after discussion, and a $200 maximum per agreed request. Legal professional work is $400 per hour under a separate advance agreement. Records copies and treatment-record transfers are free. No additional professional-work charge will be imposed without discussing the scope and expected cost first.

Questions, disputes, and payment difficulty

Contact the practice promptly about a billing error, unexpected balance, or difficulty paying. We can review the charge and discuss a payment plan or hardship arrangement. This does not limit your right to dispute a charge with a card issuer, insurer, regulator, or other appropriate body. Reminders may be sent at seven and fourteen days. At thirty days, an unresolved balance receives an individual review; scheduling or care changes are not automatic and must consider current clinical needs and transition obligations. At launch, overdue balances will be handled internally rather than referred to outside collection agencies.

Estimates and fee changes

If you are uninsured or are not using insurance, you may have a right to a written Good Faith Estimate when you schedule care or request one. The separate Good Faith Estimate notice explains the timing and dispute process. A posted price list is not an individualized estimate. Ordinary fee increases will be communicated at least thirty days in advance.