

## Agreement of Financial Responsibility

Shaw Mindful Medicine, PLLC (“Shaw Mindful Medicine, PLLC,” “us”, “we”, or “our”), are committed to providing quality care and service to all of our patients. This Agreement of Financial Responsibility contains important information about our financial policies. You must read and sign this form prior to any treatment.

Fees are payable when services are rendered. We accept credit cards and pre-approved insurance for which we are a contracted provider.

It is your responsibility to know your own health insurance benefits, including whether we are a contracted provider with your health insurance company, health benefit program or other health plan (each, a “health plan”), your covered benefits and any exclusions in your health plan, and any pre-authorization requirements of your health plan. If you are not familiar with your coverage, we recommend you contact your health plan by using the contact information on the back of your insurance card.

For example, you will be responsible for any charges if any of the following apply: (i) your health plan requires prior authorization or referral before receiving services and you have not obtained such an authorization or referral; (ii) you receive services in excess of such authorization or referral; (iii) your health plan determines that the services you received are not medically necessary and/or not covered by your health plan; (iv) your coverage has lapsed or expired at the time you receive services; or (v) you have chosen not to use your coverage.

We will attempt to confirm your coverage with your health plan prior to your treatment, based on the insurance information you provide to us, including any applicable coverage under Medicare or Medicaid. It is your responsibility to provide current and accurate health plan information, including any updates or changes in coverage. Should you fail to provide this information, you will be financially responsible.

**If we have a contract with your health plans**, we will bill your health plan for the services you receive from us. Not every service is covered by every health plan. Some or all of the care or services you receive might not be covered or might not be considered medically necessary by your health plan. If that is the case, you will be responsible for the full cost. It is also important to know that even if a service is covered, your health plan might not pay the charges in full. Please plan to pay your co-payment at the time you receive services. This amount is based on your health plan. We will also ask you to pay any deductibles, money owed for non-covered services, and any other cost-sharing requirement of your health plan at the time of service. If you are not able to pay these amounts at the time you receive services, you will receive a bill.

**If we do not contract with your health plan**, you will be expected to pay in full for all services rendered at the time you receive services. We will provide you with a monthly statement that you can submit to your health plan, if requested. If you are not able to pay these amounts at the time you receive services, you will receive a bill.

Payment for all bills is due within 30 days. If we do not receive payment, we will continue to send you bills until we receive payment in full. If you fail to pay your bills, your unpaid balance may be

referred to a collection agency. If referred to a collection agency, you will be responsible for all costs of collection. If we need to take legal action to collect your outstanding balances, you might be charged legal fees. These will not be negotiated or refunded. If you have large unpaid collection agency balances and have made no payments, we might report you to a credit bureau and deny you any additional services. If this happens, we can help you transfer your care to a non-Shaw Mindful Medicine, PLLC healthcare provider.

Some health plans have out-of-network benefits that have co-insurance charges, higher co-payments, and limited annual benefits. If you receive services that are part of an out-of-network benefit, your portion of financial responsibility may be higher than the in-network rate.

If you miss an appointment, or cancel or reschedule an appointment within 24 hours of your scheduled appointment time, we may charge you a cancellation fee equal to 100% of the full appointment cost. Canceling or rescheduling more than 24 hours in advance can be done at no cost.

Minor Patients: Unless otherwise stated by law, the parent/guardian of a minor patient is responsible for payment of the minor's account balance.

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By signing below, you acknowledge that you have read the financial policies contained above carefully, understand them, and agree to the terms of this Agreement of Financial Responsibility. You understand that if your health plan denies coverage and/or payment for services provided to you, you assume financial responsibility and will pay all such charges in full.

You further certify that you are the patient, the patient's legal representative, or are otherwise duly authorized by the patient to sign the above and accept its terms on the patient's behalf.