

Shannon Easton-Carr, MD, Inc.

3220 South Higuera St, #306 • San Luis Obispo, CA 93401 • Phone (805) 762-4739 • Fax (888) 462-8045

OFFICE FINANCIAL POLICY

Name of Patient _____

We appreciate that you have chosen Shannon Easton-Carr, MD, Inc. for your mental health needs. Our number one priority is to provide excellent care to you and/or your family. Please understand that there is also a business side to running a medical practice and that dealing with the financial aspects of your treatment is an essential part of that treatment. Therefore, we require that each patient (or parent or guardian) read and sign the following statement of our financial policy prior to any treatment being provided.

Payment required at time of service

Payment for which you are responsible is due at the time of service. We accept cash, personal checks, money orders, and some credit cards (Visa, MasterCard). If your bank returns a check due to insufficient funds, you will be billed an additional service charge.

If we are contracted with your medical insurance company or HMO, you are responsible only for co-payments and deductible charges, but those are due by contract at the time of service. If we have to bill you for a co-payment, a service charge will be added.

We will not bill your insurance until a copy of your card is on file with this office. ***If you have not provided a copy of your insurance card, you will be responsible for payment in full at the time of service.***

Depending upon the company, you will be responsible for the entire cost of treatment or the portion of the fee expected to not be covered by your insurance plan. Please be clear, however, that the agreement for coverage for treatment is between you and us, not between your insurance company and our office. If your insurance company does not pay our usual and customary rates, you are responsible for the balance.

Some services for which we bill may not be covered by insurance. Examples include, but are not limited to, forensic evaluations, court-ordered treatment, extended telephone consultation, provision of prescriptions other than at a scheduled appointment, written reports, etc. You are responsible to obtain any authorization or certification your insurance may require.

Minor patients

The parents or legal guardians of any minor receiving treatment are responsible for payment. In the case of divorced parents, the parent who has brought the patient for treatment is the person responsible for the account; we do not bill former spouses. If a minor comes to an appointment alone, we can bill to your credit card if on file, or you can send payment with the minor.

Missed appointments

Due to the nature of our practice, we cannot and do not “double-book” appointments. Our budget is based upon the assumption that all patients attend their scheduled appointments. Therefore, we have instituted a strict policy regarding cancellations and missed appointments. ***Unless notification of cancellation is received at least two business days in advance, or if you miss an appointment, you will be responsible for the full fee for that appointment.*** A reminder call or email is a courtesy only. Please note that we cannot bill an insurance company or HMO unless you are present for your appointment.

Please speak to your clinician if you have any questions or concerns.

I have read this financial policy, and I agree to these terms.

Signature of responsible party

Date