



Samadhi Psychiatric

"It's the Journey that Matters"

Erik Morris PMHNP LLC

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Medical Assistant, Anneliese Alburas: This number is great for texting 503-446-9863

Contract and Financial Agreement

Rights and Risks:

- Please feel free to ask questions about any aspect of the counseling and prescribing process.
- If you have been referred by a court or state agency, you have the right to divulge only what you want included in the report. Anything verbalized in our session, may be included in the report.

Confidentiality:

- Information will be held in confidence.
- Information will not be released without your written consent, except for professional consultation if needed and unless required by law. I am required by law to disclose information pertaining to suspected child abuse; inability to care for one's basic needs for food, clothing, or shelter; or threatened harm to oneself or others.
- It is understood that information regarding treatment and diagnosis may be provided to an insurance company and/or an insurance company appointed auditor.
- You may want to discuss further limits or exceptions of confidentiality.
- You have the right to request a restriction or limitation on the health information that I disclose about you to other entities, in which case you may be responsible to cover labor costs for information redactions services.

Appointments:

- All office visits are by appointment only. Please arrive on time, as you use up your own time when you arrive late for an appointment. The usual length of an appointment is approximately 45 minutes.
- Cancellation is done by either texting (ideal) this text number: 503-446-9863 or by calling our scheduling line at 503-206-5578. If calling or texting, please provide and spell your name clearly and give your DOB. A message can be left at this number. If done in less than 24 hours before the scheduled appointment time and/or if you miss your appointment entirely, then you will be charged a \$75 missed appointment fee.

Fees:

- We will bill your insurance company for services provided.
- Self-pay clients are responsible for the fees owed.
- In the case of the client having insurance, the client portion of fees is generally expected at the time of service. This may include co-pay and/or deductible. If deductible is not met, the entire session fee will be due.
- Your health insurance may help you recover some of your costs. We may help you determine the amounts. However, it is your ultimate responsibility to determine with your insurance company how

much you are responsible to pay and how many sessions you can have within a given period. Please verify with your insurance company the amounts of coverage for outpatient services. This should be done by the client before each visit to assure that you do not bear an unexpected expense.

- If your insurance policy requires pre-authorization to receive services, this is your responsibility and needs to be handled prior to your first visit.
- You will receive a statement if you have a balance due. This office does not accept responsibility for collecting your insurance claims or for negotiating a settlement on a disputed claim. You are responsible for payment on disputed claims.
- If accounts are 90 days past due, all client services will be terminated. This means that no refill requests can be authorized. Clients are expected to find other and/or new Providers before reaching this point. Note: Discontinuing certain medications can have serious and possibly critical results. If a client cannot pay for my services, they need to seek other community resources before my services are discontinued. If you feel you are experiencing an emergency then call 9-1-1 or go to the nearest Emergency Room.
- Clients paying on a cash basis, self-pay, and not billing insurance companies are required to pay the full cash pay price unless a payment plan or other sliding scale arrangement has been made.
- Requests made outside of appointment time may be billed at \$25 for every ten minutes of extra labor required to attend to the request. Client, not insurance companies are responsible for paying this fee. Clients must understand that my response to phone calls and emails is an exceptional service that lies beyond that required by law or insurance companies and will be done at my convenience.
 - For example, letter writing, filling out forms and tasks requiring significant clinical judgement will be billed as specified above. These charges may not be recoverable via insurance; and they are the client's responsibility.
- Erik Morris, PMHNP LLC reserves the right to release an account to collections for non-payment.
- Erik Morris, PMHNP LLC does not accept responsibility for referring clients to other providers or continuing to provide prescriptions for medications for clients whose services have been terminated.

• **Fees listed below are not guaranteed by insurance. And the following charges may be changed without notice:**

- **Minimum Fee – Cash Pay Only for Initial Psychiatric Interview- \$499.**
- **Minimum Fee - Cash Pay Only for Subsequent Psychiatric Follow-Up Session- \$299/hour.**
- **Your Co-Pay/Co-insurance – The amount varies depending on insurance provider. It generally ranges from \$0 - \$125 per session. Call your insurance to confirm these charges.**
 - Your deductible usually resets on January 1st of each year and varies widely between insurance carriers. It can range from \$0-\$15,000. Be sure to take this into account when scheduling appointments. It will be expected at time of service and will be charged to your submitted credit card if no other form of payment is made.
- **Late Cancellation/No Show - \$75. This is waived if 24-hour notice of cancellation is given by client before the appointment.**

_____ I hereby agree to full responsibility for all expenses incurred.

_____ I hereby assign Erik Morris, PMHNP LLC and that entity's representatives the ability to seek reimbursement through my insurance company or other financially responsible party for the expenses incurred as a result of receiving services from Erik Morris, PMHNP LLC.

_____ I have read and understand the Notice of Privacy on this Contract, Office hours, Scheduling Procedures and Financial Agreement; Limitation of Confidentiality when Providing Services to Couples, Acquaintances or Family; and the Consent to Engage in Spirituality Based Psychotherapy.

_____ If conjoint (couple or family members), all adults need to sign this contract because of confidentiality and to review their rights, office procedures and responsibilities, even though one person is the identified and paying client.

_____ I have read, understand and I agree to the above policies.

_____ I understand that my insurance coverage is a relationship between me and my insurance company and that I agree to accept financial responsibility for payment of charges incurred with Erik Morris, PMHNP LLC.

_____ I understand that a re-billing fee/financial charge that complies with Oregon State Law will be applied to any overdue balance in the event of non-payment. I will bear the cost of collections and reasonable legal fees should they occur.

Patient's Printed Name : _____

Patient's Signature: _____ Date: _____

Provider's Signature: Erik Morris, PMHNP Date: _____

If required: Parent/Guardian or Patient Representative:

Printed Name: _____ Relationship: _____

Signature: _____ Date: _____