



## **ThriveLine: Financial Responsibility, Services & Administrative Policy**

At ThriveLine, care is a partnership. Healing is not something done to you — it is a process we build together. My role is to guide, support, and equip you; your role is to actively participate, prepare, and take accountability for your own growth.

I sometimes compare this to learning to drive a car:

- If I simply “taxi” you around, you may get from point A to point B, but you will not learn the skills to navigate life when I am not there.
- When you take initiative — preparing for sessions, completing paperwork, showing up on time — you build the confidence and precision to steer your own journey with lasting impact.

These policies are not just about fees. They are about protecting our shared time, ensuring fairness, and keeping the practice sustainable so I can continue to provide small-practice, high-quality, trauma-informed care. By honoring them, you are investing in yourself and laying the foundation for meaningful, lasting change.

As a solo provider, my time is reserved exclusively for you. To ensure sustainable, high-quality care, ThriveLine requires that all patients adhere to the following financial, clinical, and administrative policies. By signing this agreement, you acknowledge, understand, and accept responsibility for all applicable fees.

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### **A. Card on File Requirement & Payment Authorization**

- All patients must keep a valid credit or debit card on file.
- By signing this agreement, you authorize ThriveLine to automatically charge your card for any and all applicable fees, including but not limited to: co-pays, deductibles, co-insurance, balances not covered by insurance, no-show/late cancellation fees, complexity fees, and non-covered services.
- Overdue Balances: Outstanding balances must be paid in full before new appointments can be scheduled or prescriptions provided. Balances overdue more than 60 days may result in discharge from the practice. In such cases, you will receive a 30-day supply of non-controlled medications (if clinically appropriate) and resources for alternative care.
- Declined Charges: If a charge is declined, you will be notified and remain responsible for settling the balance immediately. A \$25 fee will be charged for any returned or declined payment.

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### **B. Balances & Payment Plans**

- Balances that remain unpaid 30 days after the statement date, without payment arrangements in

place, will result in a scheduling hold until the balance is addressed.

- This policy applies to patient-responsibility balances such as co-pays, deductibles, self-pay services, and non-covered fees.
  - For insurance claim balances, patients may choose to:
    - Pay the balance at cash-pay rates and submit receipts to their insurance company for possible reimbursement, OR
    - Pause care until the claim is resolved.
  - For repeated unpaid insurance claims, patients may choose to:
    - Switch to cash-pay, OR
    - Transition care to another provider.
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### **C. Clinical Services (Cash Pay Rates)**

- Initial Psychiatric Evaluation (up to 90 min): \$400
  - Focused Urgent Evaluation (up to 60 min): \$400
  - Follow-Up Appointment (up to 45 min): \$225
  - Follow-Up Appointment (up to 60 min): \$300
  - Extended Session Time: \$75 per 15 min
  - Psychotherapy Add-On (46 to 60 min): \$300
  - Psychotherapy Add-On (31 to 45 min): \$225
  - Psychotherapy Add-On (up to 30 min): \$150
  - Prolonged Non-Face-to-Face (First Hour): \$300
  - Prolonged Non-Face-to-Face (Each additional 15 min): \$75
  - Returned Payment Fee: \$25
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### **D. Administrative Services & Forms**

- Basic Forms (1 page): \$50
- Standard Forms (2–3 pages): \$100
- Extended/Legal Forms (4+ pages or narrative): \$150 + \$50/additional page
- Expedited Processing (less than 48 hrs): +\$25
- Additional Admin Time: \$75 per 15 min

#### *Payment Policy for Forms*

- Payment is due before completion of all forms. If payment is not provided in advance, your registered payment method will be charged upon completion and forwarding of the letter or document to you. If the charge is returned, the outstanding balance will be billed to you, along with the returned item fee (\$25).
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## **E. Complexity Fees & Non-Standard Care Coordination**

Certain requests require significant time beyond standard psychiatric care. These are not covered by insurance and will be billed at \$75 per 15 min (or \$150/hour), with prior notice.

Examples include:

- Legal/disability documentation
- Extended communication with DHHS, case managers, or guardians
- Urgent or high-risk care planning requiring additional coordination

I reserve the right to decline requests outside my scope of practice as a PMHNP.

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## **F. Appointment Policies & Fees**

Our time together is valuable, and appointments are reserved exclusively for you. To honor both your time and mine, please note:

### **Initial Evaluations**

- Require a comprehensive 90-min appointment (\$400 base rate, may be higher depending on the level of services and length of time).
- A focused urgent evaluation may be offered only to prevent a lapse in treatment; this does not replace the required initial evaluation.
- Due to the extended time reserved for initial intake evaluations (up to 120 minutes including provider preparation), a \$250 missed/late cancellation/late reschedule fee will apply.

### **Standard Visits**

- Missed/late canceled/rescheduled with less than 2 business days' notice: \$200 fee.

### **Incomplete/Patient-Terminated Sessions**

- If you end your appointment early and leave before an adequate assessment and/or treatment plan can be completed, you are responsible for the full self-pay fee for that service.
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## **G. Intake Paperwork Policy**

- Intake paperwork must be submitted at least 2 business days before your first visit. Please note that ThriveLine is open Monday through Thursday only. Friday, Saturday, and Sunday do not count as business days.
- If paperwork is not submitted on time, the appointment may be rescheduled if the slot is needed for another patient. You will receive a message if your visit is canceled. You can request it be rescheduled once paperwork is completed.
- If the appointment is not canceled and you do not cancel or reschedule it yourself at least 2 business days before your first visit, then:
  - If you proceed with the visit, any paperwork submitted after the 2-business-day deadline

(including the same day or within hours of the appointment) is considered late, and a \$200 administrative fee will apply to cover the extra time required. This policy ensures I have the time needed to review your history carefully and focus our appointment time on your care, rather than paperwork.

– If you do not proceed with the visit (for example, you no-show or cancel late without paperwork completed), the \$250 intake no-show/late cancellation fee will apply.

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## **H. Communication, Medication, & Pharmacy Responsibilities**

- Included Communication: Simple logistics (e.g., scheduling, confirming insurance, refill request when visits are up to date, or one pharmacy change per prescription).
- Billable Clinical Communication: Any message requiring medical judgment, assessment, or care coordination is billed at \$50 per 15 min, minimum 15 min.

### *Medication/Pharmacy Policy*

- Call your pharmacy first before contacting ThriveLine about prescriptions.
  - For shortages, you are responsible for locating an available pharmacy before requesting a new script.
  - Allow processing until after 5 PM before inquiring about scripts sent that day.
  - Time spent addressing issues outside these procedures will be billed under the clinical communication policy.
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## **I. Policy Purpose**

These policies ensure fairness, sustainability, and appropriate use of clinical time. They allow me to maintain a small, accessible practice while providing high-quality, trauma-informed care.

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## **Acknowledgement & Agreement**

I have read, understood, and agree with ThriveLine's Financial Responsibility, Services, & Administrative Policy. I authorize ThriveLine to charge my card on file for all applicable fees as outlined above.

(Electronic Signature & Date): \_\_\_\_\_