

HEALING MINDS

Psychiatric-Mental Health Nurse Practitioner

Financial Policy & Payment Agreement

Please review the following financial policies carefully. Your signature indicates agreement to these terms while receiving services at Healing Minds.

- **PAYMENT:** Payment is due at the time of service unless prior arrangements have been made. You agree to keep a valid credit/debit card on file for copays, deductibles, or balances.
- **INSURANCE:** If using insurance, you authorize Healing Minds to bill your plan on your behalf. You understand you are responsible for any portion not covered by insurance.
- **CANCELLATION POLICY:** Appointments must be canceled or rescheduled at least 24 hours in advance. Late cancellations or no-show appointments may be charged a fee of \$90.
- **COMMUNICATION FEES:** Non-clinical paperwork, letters, forms, or extended administrative time may incur additional fees, depending on complexity.
- **REFUNDS:** Refunds are not provided for rendered services.

Full Legal Name:

Date of Birth (MM/DD/YYYY):

Signature (Typed Name):

Date: