

FINANCIAL POLICY

CLEARCONNECT HEALTH SERVICES LLC

1320 Central Park Blvd, Suite 200
Fredericksburg, VA 22401
540-300-1091/540-779-8166
<https://clearconnectmh.com>

FINANCIAL POLICY AGREEMENT

Effective Date: April 18, 2026

Patient Name:

Date of Birth:

I. Insurance and Financial Responsibility

It is the patient's responsibility to provide accurate and current insurance information and to notify ClearConnect Health Services LLC ("ClearConnect") of any changes in coverage.

Your financial obligations include:

- Payment of all applicable deductibles, co-payments, and co-insurance
- Payment for all non-covered services
- Payment for services denied due to lack of authorization, referral, or failure to meet plan requirements
- Payment for services rendered after policy benefits are exhausted

Verification of benefits is not a guarantee of payment. ClearConnect cannot guarantee whether any claim will be approved or denied by your insurance carrier.

If you fail to notify ClearConnect of insurance changes or fail to provide information required by your insurance company within specified time limits, you will be responsible for the full balance of services rendered.

II. Out-of-Network and Self-Pay Services

If ClearConnect is out-of-network with your insurance plan:

- Payment in full is required at the time of service
- An itemized statement will be provided for you to submit to your insurer for possible reimbursement
- Reimbursement is determined solely by your insurance carrier

Self-Pay Fees:

- 250 dollars — Initial psychiatric evaluation
- 125 dollars — Follow-up appointments

Payment is due at or before the time of service.

III. Appointment Cancellation and No Show Policy

Appointments must be canceled or rescheduled at least 24 hours in advance.

Failure to provide at least 24-hour notice will result in a cancellation fee of:

- 150 dollars for initial evaluations
- 75 dollars for follow-up appointments

Missed appointments without notice ("no-shows") will be charged the applicable cancellation fee.

Cancellation fees are not billable to insurance and are the sole responsibility of the patient.

Late Arrival Policy

If you arrive more than 15 minutes late, your appointment may need to be rescheduled, and the applicable cancellation fee may apply at the provider's discretion.

Repeated Missed Appointments

Two or more missed or late-canceled appointments may result in scheduling limitations, the requirement of prepayment, or discharge from non-emergency services.

This policy does not apply in cases of verified medical emergencies.

IV. Card-on-File Authorization

To facilitate payment, I authorize ClearConnect to securely maintain my credit or debit card information on file.

I authorize ClearConnect to charge this card for:

- Copayments, deductibles, and co-insurance
- Self-pay services
- Cancellation and no-show fees
- Outstanding balances not paid within 7 days

I understand:

- I may request a receipt for any charge
- My payment information will be stored using secure, HIPAA-compliant and PCI-compliant systems
- I may revoke this authorization in writing at any time; balances incurred prior to revocation remain my responsibility
- If a charge is declined, I agree to provide updated payment information promptly

Failure to maintain valid payment information may result in scheduling limitations or delay of non-emergency services.

This authorization does not apply to emergency services.

V. Outstanding Balances and Collections

All copayments and fees are collected prior to appointments.

Balances unpaid after 7 days may be referred to a collection agency or attorney as permitted by law.

If legal action is required to collect a debt, you agree to pay reasonable attorney's fees and associated legal expenses to the extent permitted by Virginia law.

Non-emergency services may be delayed until outstanding balances are resolved.

This policy does not apply to emergency or crisis situations.

VI. Laboratory and Third-Party Services

Patients are responsible for determining coverage and financial responsibility for laboratory or third-party services ordered as part of treatment.

VII. Assignment of Benefits and Release of Information

I assign to ClearConnect any benefits payable under my insurance plan for services rendered.

I authorize ClearConnect to release necessary medical and billing information to my insurance carrier(s) for purposes of claim processing, payment, and health care operations.

This authorization excludes psychotherapy notes unless separately authorized.

VIII. Self-Pay Restriction Right (HIPAA)

If I pay in full out-of-pocket for a specific service, I may request in writing that ClearConnect not disclose information about that service to my health plan for payment or health care operations purposes.

ClearConnect will honor such requests unless disclosure is required by law.

IX. Good Faith Estimate (No Surprises Act)

If you are uninsured or elect not to use insurance, you have the right to receive a Good Faith Estimate of expected charges prior to scheduled services.

You may request this estimate at any time.

X. Electronic Signature Acknowledgment

By typing my name below, I acknowledge that I am signing this document electronically.

I agree that my electronic signature is the legal equivalent of my handwritten signature.

I confirm that:

- I have read and understand this Financial Policy
- I agree to be financially responsible for services rendered
- I understand cancellation fees and card-on-file authorization
- I have had the opportunity to ask questions

Please sign your name below *

Signature

Date

I am the parent/guardian of this patient

April 18, 2026