

CLEARCONNECT HEALTH SERVICES LLC

ClearConnect Mental Health

Helping You Feel Like Yourself Again.

FINANCIAL POLICY AGREEMENT

Effective Date: October 21, 2026

1. INSURANCE AND FINANCIAL RESPONSIBILITY

Patients are responsible for providing accurate and current insurance information and notifying ClearConnect Mental Health of changes in coverage.

Applicable patient financial responsibilities may include:

- Copayments.
- Deductibles.
- Coinsurance.
- Services not covered by insurance.
- Other amounts lawfully payable by the patient under applicable insurance contracts.

Insurance benefit verification does not guarantee payment.

ClearConnect will submit claims according to applicable payer requirements. Patients will not be billed for amounts prohibited by law or participating-provider agreements.

2. SELF-PAY SERVICES

For eligible self-pay patients, ClearConnect's standard fees are:

- Initial psychiatric evaluation: \$250.
- Follow-up appointment: \$125.

Payment is generally due at or before the appointment unless alternative arrangements are approved.

Self-pay arrangements are subject to applicable insurance and program restrictions.

3. CANCELLATION AND NO-SHOW POLICY

Patients are required to provide at least 24 hours' advance notice when canceling or rescheduling an appointment.

The following fees may apply:

- Cancellation or rescheduling with at least 24 hours' notice: No charge.
- Late cancellation or rescheduling with less than 24 hours' notice: \$50.
- Missed follow-up appointment without appropriate notice: \$75.
- Missed initial psychiatric evaluation without appropriate notice: \$150.

Fees will be assessed only when permitted by applicable law and insurance contract requirements.

Fee Waivers and Individual Review

Requests for reconsideration of attendance-related fees will be reviewed individually by authorized practice management.

Fee waivers are not automatic or guaranteed.

4. LATE ARRIVAL POLICY

To maintain appointment quality and scheduling availability:

- Follow-up appointments: Patients arriving more than 10 minutes late may need to be rescheduled.
- Initial psychiatric evaluations: Patients arriving more than 20 minutes late may need to be rescheduled.

Any applicable fee will be assessed only when permitted by law and the patient's insurance agreement.

5. REPEATED MISSED APPOINTMENTS

ClearConnect Mental Health follows a progressive attendance notification process for three documented no-shows within a rolling 12-month period.

- First No-Show: A written attendance notice will be issued.
- Second No-Show: A final written attendance warning will be issued.
- Third No-Show: The patient's attendance history will be referred to the treating provider for review and possible discharge from the practice.

The missed appointments do not have to occur consecutively.

Late cancellations are tracked separately and do not automatically count toward the three-no-show threshold.

Any discharge decision will be made according to clinical judgment, applicable law, payer requirements, and continuity-of-care obligations.

6. PATIENT BALANCES

Patients are responsible only for balances that may lawfully be billed to them.

ClearConnect may request payment of valid outstanding balances and offer appropriate payment arrangements.

Any collection activity will comply with applicable federal and Virginia law and insurance contract requirements.

7. CARD-ON-FILE AUTHORIZATION

Patients may be asked to complete a separate Card-on-File Authorization.

Any charges to a stored payment method must comply with that authorization, applicable law, and payer requirements.

8. LABORATORY AND THIRD-PARTY SERVICES

Certain laboratory tests and services performed by outside organizations may generate separate charges.

Patients should verify applicable coverage and financial responsibility with their insurance carrier or the outside service provider.

9. GOOD FAITH ESTIMATE

Patients who are uninsured or who choose not to use insurance may be entitled to a Good Faith Estimate of expected charges under applicable federal requirements.

Patients may request information about expected charges before receiving services.

10. ADMINISTRATIVE FORMS AND DOCUMENTATION FEES

ClearConnect Mental Health charges a standard administrative fee of \$40 per individual form for eligible patient-requested forms and clinical documentation requiring provider review or completion.

This fee may apply to:

- Family and Medical Leave Act (FMLA) certification and recertification forms.
- Workplace accommodation forms.
- School accommodation forms.
- Return-to-work documentation.
- Other patient-requested clinical forms or letters requiring provider review.

Fee and Payment Requirements

- The administrative fee is \$40 per individual form, regardless of the number of pages in that form.
- Multiple separate forms submitted together are charged individually at \$40 per form.
- Fees will be disclosed before processing.

- Payment is required before administrative processing begins, once the request has been accepted.
- Administrative fees are separate from charges for medically necessary clinical appointments.
- All charges remain subject to applicable law and insurance contract requirements.

Provider Review and Approval

All requests requiring clinical judgment are subject to review by the treating provider.

The provider determines whether sufficient clinical information is available, whether an additional appointment is necessary, and whether the requested documentation can be clinically supported.

Payment of an administrative fee does not guarantee completion of a form or a particular clinical determination.

Processing Time

The standard processing time is 5–7 business days, beginning after all necessary information, required clinical assessments, and applicable payment have been received.

Same-day or urgent completion is not guaranteed.

Excluded Services

- Simple appointment verification is provided without an administrative fee.
- Formal disability-benefit evaluations and certifications are not routinely provided by ClearConnect Mental Health.
- Medical-record requests are handled separately.

11. PATIENT ACKNOWLEDGMENT

By electronically signing this agreement, I acknowledge that:

- I have reviewed and understand ClearConnect's Financial Policy.
- I understand my applicable insurance and payment responsibilities.
- I understand the cancellation, no-show, and late-arrival policies.
- I understand the three-no-show attendance policy within a rolling 12-month period.
- I understand the administrative forms and documentation fees.
- I understand that all charges are subject to applicable law and insurance contract requirements.
- I have had an opportunity to ask questions about this policy.

Electronic Signature Acknowledgment

By signing electronically through ClearConnect's patient intake system, I acknowledge that my electronic signature represents my agreement to the terms described in this Financial Policy Agreement.