



Mind Rejuvenation, LLC
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FINANCIAL POLICY

Patient Name: _____

DOB: _____

Thank you for choosing Mind Rejuvenation as your health care provider. We are committed to building a successful provider-patient relationship, and to the success of your medical treatment and care. Mind Rejuvenation is an independent private practice clinic.

We must emphasize that as a medical practice, our relationship is between you and Mind Rejuvenation providers, **not** the insurance company. While filing insurance claims is a courtesy that we extend to our patients, it is ultimately **your responsibility** to understand your policy benefits. Mind Rejuvenation contracts with most major insurance companies. However, **it is your responsibility to verify that our office is in network with your insurance carrier.** We strongly recommend that patients check your insurance benefits and exclusions in advance. It is important that you fully understand the following:

- Self-pay patients are responsible for the full cost of services. Self-Pay is used for patients without insurance, patients with insurance plans we do not accept, or patients having treatment not covered by your insurance plan.
- ***Patients are responsible for any portion of charges deemed non-covered or noted as "patient responsibility."*** *Services listed as "covered" by your plan are still subject to the patient financial liability for deductibles, co-insurance, and co-payments (as outlined per your plan).* Once your claim has been processed you will receive a statement of patient responsibility for the services provided. **PLEASE NOTE:** If your insurance company does not respond within 30 days after your claim is filed, payment will become "patient responsibility".
- **Any outstanding balances from "patient responsibility" are to be paid upon receipt of statement.** If you are unable to pay your balance in full upon receipt of your statement, please call to speak with our staff to set up a monthly payment plan. We accept cash, credit/debit cards, FSA, care credit, and Apple Pay.
- **ALL co-payments, self-pay payments, No-Show Fees, etc. are due at the time of service, unless other arrangements have been made. No-Show Fees are required immediately, or treatment cannot continue.**
- *Patients with unpaid delinquent balances after 90 days will be sent to a collection agency and patients are responsible for up to **60% collection agency fees** in addition to the account balance. **All unpaid balances are subject to Small Claims Court.** Satisfactory payment arrangements or account balance settlement are required before receiving any future services.*

We are committed to providing our patients with quality care. By informing you of our expectations, we hope to alleviate any misunderstandings concerning your financial responsibility. Should you have questions about your account, please contact our office at (918) 340-6460.

I understand and agree to the terms of this financial policy. I authorize the release of any information necessary to process claims and direct payments to Mind Rejuvenation. I understand that I am responsible for all charges, regardless of insurance coverage.

Patient / Parent / Legal Guardian Signature

Relationship

Date