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Payment Policy:

I am currently on many insurance panels. Please refer to the website under "Insurance" for the latest plans that I am contracted with. This means that I will bill your insurance directly and you will be responsible for your co-pay/deductible at the time of your visit.

For other insurance plans, you will need to call the number of the back of your insurance card to find out your mental health coverage. Most insurances have some out of network coverage to come and see me. You may be subject to a deductible or simply have a higher co-pay. It is usually worth your while to check on what your out of network benefits are. When you call in this situation, ask the following questions:

- 1. Is Dr. Mishra a covered provider for me?**
- 2. What are my out of network benefits for mental health?**
- 3. Do I have a separate out of network deductible?**
- 4. What percentage or fee do I pay? Is this based on a "usual and customary fee" or his actual rate?**
- 5. How many visits do I get in a certain time frame?**

Insurance no longer covers charges for services rendered by phone, prior authorization calls or forms, letters, reports, cancellations (if less than 24 hours notice) or missed appointments. These will be billed to you directly. Secondary insurance billing is your responsibility. I can provide a form for you to bill your secondary insurance.

If you have any questions, please discuss this information with me at any time to determine how it applies to your particular account or insurance policy.

Our office policy requires that payment is due and expected at the time of service. Patients are personally responsible for the amount charged for professional services rendered. Patients who carry medical insurance should remember that their insurance is a contract between the patient and the insurance company. Insurance claims are submitted by this office as a courtesy to the patient. In the event that a patient's insurance company denies their claim, or only pays a portion of the claim, the patient is responsible for the balance. Medical insurance companies, in some instances, require a deductible to be paid by the patient before they will reimburse the provider. That amount is due at the time of service. Office visits will be submitted to your insurance and their payments will be credited toward your total charges.

Due to the high demand for appointment time in our office, we require twenty-four (24) hours notification if an appointment cannot be kept. If a (24) hour notice is not provided to our office, a broken appointment fee (\$100 for a 45 min appt and \$50 for a 20 min appt) will be charged to your account. If a check has insufficient funds, a \$30 return check fee will be assessed.

I, the undersigned, am responsible to pay for any reasonable charges billed to me by Dr. Mishra. I understand that my medical insurance may not cover the entire cost of the office visit and I am responsible for the remaining balance. I also agree to pay for all reasonable fees and costs for collection incurred by Dr. Mishra in connection with the collection of any past-due balances.

Patient/Responsible Party Signature

Date

Printed Name