



# Kelly Yan

Psychiatric Mental Health Nurse Practitioner

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## **FEE AGREEMENT AND FINANCIAL POLICY**

This document describes fees for services, including fees for missed appointments or late cancellations; fees that may not be covered by insurance; methods of payment; insurance reimbursement; and past-due accounts. Please review this document carefully and let us know if you have any questions.

**Fees are subject to change without notice.** For up-to-date fees, go to [www.kellyyan.net/services-fees](http://www.kellyyan.net/services-fees).

### **Health care costs**

Health care costs are based on many factors, including length of visit, level of complexity, and type of service. The cost of your visit may involve one or more billing codes and may vary from appointment to appointment. We do not know in advance which codes will be used for your visit.

Your out-of-pocket cost depends on your insurance plan and the reimbursement rates stipulated in its contract with us. You may also have a deductible to meet.

### **Insurance reimbursement**

Kelly Yan PMHNP is an in-network provider for several insurance companies. For a current list of these companies, go to [www.kellyyan.net/services-fees](http://www.kellyyan.net/services-fees).

If your insurance company is not listed, a portion of your cost may still be covered. We can bill your insurance as an out-of-network (OON) provider, or you may submit a receipt (known as a Superbill) to your insurance company for reimbursement. Check with your insurance company to see if you have OON benefits and how to seek reimbursement.

We strive to provide you the most accurate information possible based on information from your insurer. However, any benefits we quote are not guaranteed and we cannot know for sure how much insurance will cover until a claim is processed.

We are not contracted with Medicare or Medicaid (Oregon Health Plan)

**You are responsible for any costs not covered by insurance and for keeping insurance information updated in the Portal.** Please also email [office@kellyyan.net](mailto:office@kellyyan.net) if you've made an update.

### **Private (self) pay**

If no insurance information is list, you agree to pay in full all fees incurred.

### **Payment**

Payments can be made online through the Patient Portal at [www.valant.io/myio/KellyYan](http://www.valant.io/myio/KellyYan); by calling the office, or by mailing a check made out to Kelly Yan PMHNP. You will receive an automated receipt by email for all online payments. Avoid using work, school or shared emails in order to protect your privacy. If you don't want an emailed receipt, please make payments by phone or mail.

Payments made by credit card will appear on your credit card statement as Kelly Yan PMHNP. Consider who might have access to your statements before making payments by credit card.

### **Health Savings Accounts and Flexible Spending Accounts**

It's possible that payments made using a Health Savings Account (HSA) or Flexible Spending Account (FSA) payment card can be authorized at the time of payment, but then denied later. If this happens, you are responsible for any remaining balance.



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## Billing statements

Billing statements are sent through our Practice Management software on or about the first day of each month. Outstanding balances are expected to be paid within 30 days. You can check your balance at any time on the Portal.

## Past-due accounts

Any account carrying a balance 60 days past due will be assessed a \$20 late fee for each 30-day period past the 60-day mark. **Arrangements for payment must be made on any accounts with 60-day balances before any further services can be rendered.** Past-due accounts can affect your ability to get medication refills because some medications cannot be refilled without an appointment.

## Authorized billing agent

I authorize the following person(s) to discuss my account with Kelly Yan PMHNP or make payments on my behalf. **I understand that I am still responsible for my account.** I understand that they may learn about missed appointments fees, past due fees, or other financial information.

Print name(s): \_\_\_\_\_ Relationship(s): \_\_\_\_\_

Phone number(s): \_\_\_\_\_

## Insurance authorization

I authorize Kelly Yan PMHNP to bill my insurance directly for services provided to me and to act as my representative in obtaining payment. I assign all my rights to claims and payment by my insurance to Kelly Yan PMHNP. I authorize Kelly Yan PMHNP to release information (including medical records) as required for billing, audits and Health and Human Services Department reviews. I agree to assist with the claims process as required by Kelly Yan PMHNP or by my insurance provider. I understand I am responsible for all fees until a deductible is met if a deductible applies. I acknowledge that not all services are reimbursed by insurance and that I am responsible for any fees not covered by insurance.

Client name: \_\_\_\_\_ Client signature: \_\_\_\_\_

\_\_\_\_\_ I will self-pay for services if no insurance information is provided. I agree to the fee schedule as listed at [www.kellyyan.net/services-fees](http://www.kellyyan.net/services-fees), including missed appointment and late cancellation fees.

\_\_\_\_\_ I understand that Kelly Yan PMHNP cannot bill Medicare or Medicaid (Oregon Health Plan). I attest that I am not insured by either Medicare or Medicaid.

*I have read the Policy above and I agree to its terms. I can request a copy for my records.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If signed by person other than client:

Name: \_\_\_\_\_ Relationship to client: \_\_\_\_\_