

## Self-Pay Patient Payment Agreement

Psychiatry Northwest offers reduced self-pay pricing to our patients without insurance or patients who have insurance plans that we are not contracted with. This means that Psychiatry Northwest will collect Cash, Debit, or Credit card payments from you one day prior to each scheduled appointment at the rates listed below. We will not bill insurance for any services provided under this agreement. If you have or acquire health insurance you are required to provide Psychiatry Northwest with this information. If Psychiatry Northwest is contracted with your insurance carrier, this agreement is nullified immediately. Psychiatry Northwest is required to bill active insurance plans when we are contracted.

☐ I understand that I will be responsible for all charges related to the services provided to me by Psychiatry Northwest LLC/TMS Washington.

☐ I understand that the charges listed below are due in full on the day prior to service, and failure to provide payment information prior to your appointment will result in appointment cancellation.

### Self-Pay Rates:

#### **Physician Appointments**

New Patient Evaluations: \$350

Follow-Up Appointments: \$150

#### **PA-C and ARNP Appointments**

New Patient Evaluation: \$250

Follow-up Appointments: \$100

#### **Psychotherapist and Mental Health Counselor**

New Patient Evaluation: \$200

Follow-Up Appointments: \$175

#### **QB Test (ADHD Diagnostic Exam): \$60.00**

**QB Results Appointment: Physician: \$300.00 PA-C and ARNP: \$250.00**

I have read and fully understand the above Self-Pay rates, I also understand that by signing this acknowledgement that I will be responsible for paying for the services rendered to me and/or my child.

Responsible Party Name: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

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

2150 N. 107<sup>th</sup> St. Suite 400, Seattle, WA 98133

P: (206) 402-3375 | F: (206) 492-2020 | E: [Info@psychiatrynorthwest.com](mailto:Info@psychiatrynorthwest.com)