



Prism Mental Health Solutions Inc.

Patient Financial Responsibility & Insurance Policy



Transforming Mental Health Through Compassion, Clarity, and Clinical Excellence

1. Our Commitment to Financial Clarity



Prism Mental Health Solutions Inc. (Prism MHS) strives to explain financial expectations clearly and respectfully. This policy summarizes how insurance, copayments, self-pay charges, and account balances are handled. Your individual financial agreement, applicable insurance requirements, and law govern specific charges.

2. Insurance Participation and Coverage



Insurance participation can vary by plan, product, service, and individual clinician. Being listed as an accepted insurer does not guarantee that your particular plan or service is covered. Please confirm your behavioral health benefits, network status, and any authorization or referral requirements with your insurer. Benefit verification and estimates are not guarantees of payment.

3. Keeping Your Insurance Information Current



Please provide complete and accurate insurance information, including primary and secondary coverage, and notify Prism MHS promptly when coverage changes. We will coordinate claims with applicable plans according to payer requirements. If your insurer requests information or action from you, timely cooperation can help prevent billing delays.

4. Copayments, Coinsurance, and Deductibles



A copayment is a fixed amount your plan assigns to a covered service and is generally due when that service is provided. Coinsurance is a percentage of the allowed charge; a deductible is an amount you may need to pay before certain benefits apply. Estimated amounts may be collected when permitted, then adjusted after your insurer processes the claim. Copayments are not charged for appointments at which no service was provided.

5. Payment Methods and Authorized Cards on File



Prism MHS may accept approved payment methods and may require an authorized payment card on file, subject to applicable rules and exceptions. Authorized charges may include properly disclosed copayments, deductibles,

coinsurance, self-pay services, or other valid patient balances. A card on file does not permit unsupported or prohibited charges. Please notify us if your payment information changes.

6. Insurance Claims and Patient Balances



Prism MHS generally submits claims to participating insurers. Your insurer determines its payment and any properly assigned patient responsibility through claim processing. An Explanation of Benefits (EOB) is not itself a bill. We do not automatically transfer every denied claim to you, and we will not charge you for amounts a participating-provider agreement or applicable law requires us to write off.

7. Self-Pay Services and Good Faith Estimates



If you are uninsured or elect not to use insurance for a service, we will explain the applicable self-pay charges. When federal rules require it, uninsured and self-pay patients may receive a written Good Faith Estimate of expected charges, including upon qualifying request before scheduling. An estimate is not a bill and may change when anticipated care changes. You may ask about your estimate, applicable notices, and federal patient-provider dispute rights.

8. Medicaid, Medicare, and Other Special Protections



Patient charges are always subject to the rules of your coverage. Prism MHS will not collect Medicaid cost-sharing or other charges prohibited by Pennsylvania Medical Assistance or the applicable managed-care plan. Medicare and other government plans may have specific billing and advance-notice requirements. We will follow applicable payer rules rather than assume that commercial-insurance practices apply.

9. Missed Appointments and Noncovered Services



A permitted no-show or late-cancellation fee is separate from a copayment and is governed by our Patient No-Show & Cancellation Policy and your financial agreement. Missed appointments are not billed as completed psychotherapy. For services not covered by insurance, you will be responsible only for amounts that may lawfully be charged after any required disclosure or notice.

10. Statements, Corrections, and Refunds



If a balance remains after insurance processing, Prism MHS may send you a statement. Please contact us if you believe a charge is incorrect. Accounts may be corrected after insurer processing, secondary insurance payment, or review of a dispute. Overpayments and credits will be resolved or refunded as required by applicable law and payer rules.

11. Financial Hardship and Payment Arrangements



If paying a balance presents a hardship, please contact Prism MHS to discuss whether an approved payment arrangement or accommodation is available. Requests are reviewed individually and subject to payer requirements and applicable law; reductions or waivers are not automatic. Materially overdue balances may affect non-emergency scheduling, but clinical safety, continuity of care, and applicable obligations will be considered before services are interrupted.

12. Questions and Patient Acknowledgment



You are welcome to ask questions about fees, insurance processing, or a balance before or during treatment. This patient-facing policy is a summary and does not replace your signed financial agreement, required Good Faith Estimate notices, or applicable payer and legal protections.

Patient / Responsible Party: _____ Date: _____