



MINDFUL THERAPY GROUP DISCLOSURE STATEMENT

Overview

Your healthcare professional has chosen to engage with Mindful Therapy Group, P.C., a Washington Professional Services Corporation (Mindful Therapy Group), to provide business administrative services on behalf of their behavioral healthcare business. Specifically, Mindful Therapy Group serves as your provider's insurance billing and collections agent.

Mindful Therapy Group subcontracts with an affiliate company, Mindful Support Services, LLC (Mindful Support Service), to provide a portion of the administrative services.

Each licensed mental health professional that is affiliated with Mindful Therapy Group ("Provider") is a separate independent business and is responsible for being licensed by the Department of Health or the appropriate clinical licensing board in the state(s) they are licensed in. You may verify your Provider's health care provider credentials at the state licensing board websites listed in the applicable state addenda.

If we can do anything to make your experience more enjoyable or help solve any issues you encounter with our services, please provide that feedback via our [Formal Complaint Form](#). You are also welcome to share your experience with us by sending a message to feedback@mindfultherapygroup.com.

General Policies

Confidentiality

The Notice of Privacy Practices explains the privacy practices and obligations of Providers when practicing within the Mindful Therapy Group Organized Health Care Arrangement as well as your rights. An electronic copy of this notice can be found on our website at www.mindfultherapygroup.com/fags.

Providers have access to your electronic health record to assist with coordination of care.

Mindful Therapy Group is legally and contractually required to safeguard the privacy and security of health information.

Communications

We may use your contact information to send you appointment reminders, balances owed, newsletters, information about our health-related services, and other information that may be of interest to you or important for your care. You may opt out of receiving some email communications from us by following the *unsubscribe* link or instructions provided in the email.

If you opt in to receiving text messages pertaining to Providers' services, we may send you such messages. You acknowledge that short message services may not be fully secure. You may opt out of short message services at any time by replying "STOP". Alternatively, you may contact the Privacy Officer listed below to indicate that you do not want to receive text messages.

Contacting Mindful Therapy Group Staff

Many issues, including insurance billing questions and appointment changes, can be resolved during normal business hours by our administrative teams. General Hours of Operations are Monday through Friday 8 a.m. to 6 p.m., and Saturday 8:00 a.m. to 4:00 p.m. (Pacific time), through the main office number at 425-640-7009.

If you have a question about a clinical issue, please contact your Provider in accordance with the instructions set forth in their provider disclosure. If you are experiencing an emergency or a mental health crisis, immediately call 9-1-1 (for all emergencies) or 9-8-8 (for suicidal crises and mental health-related distress).

Provider Service or Therapy Animals

Mindful Therapy Group takes no responsibility for service or therapy animals accompanied by the independent Providers who choose to bring their animals on site for the purposes of assisting with their work and is and will be held harmless in the case of any injury or death.

Patient Service Animals

To comply with building policies, only service animals that are recognized under the Americans with Disabilities Act (“ADA”) are permitted in Mindful Therapy Group offices. A “service animal” is trained to do work or perform tasks for the benefit of an individual with a disability, including a physical, sensory, psychiatric, intellectual, or other mental disability.

The [ADA](#) requires that service animals be under the control of the handler at all times. If a service animal is out of control and the handler does not take effective action to control it, or if the service animal is not housebroken, the handler of the service animal will be asked to remove the animal from the premises.

Surveillance Cameras in the Common Space

To help safeguard our patients and staff, we use security cameras in non-sensitive areas in non-private areas, such as waiting rooms.

Financial Policies & Responsibility

Fees for Services

Providers provide their services to clients independently and accept a range of insurance plans, which is at their sole discretion. Private pay rates, as permitted by insurance plan rules and contracts, are determined by each Provider and may vary among providers.

If you see a Provider who is a therapist or psychologist for talk therapy, the fees billed to your insurance are likely to be the same for each visit (coding variances may be included for additional services provided). If you see a Provider who is a Psychiatric Nurse Practitioner (ARNP) or a medical doctor (MD) for medication management services, the code(s) assigned to these visits and therefore the fee(s) charged to your payer are based on many factors including your individual needs at the time of each visit. As a result, your fees may vary for each visit.

Late Cancellations and Missed Appointment Fees

All Providers have their own late cancellation and missed appointment policies. Please refer to your Provider’s individual disclosure statement for further details on how they manage these occurrences. If you have concerns regarding a billed cancellation fee, please talk to your Provider directly. Mindful Therapy Group staff is unable to waive or negotiate these fees with you. Cancellation fees cannot be billed to your insurance.

Financial Responsibility and Insurance Billing Practices

Payment in full is due at the time of each session with your Provider, including private pay amounts, copays, coinsurance, and deductibles. Your card on file will be charged for any remaining balance. If your Provider is in network with your insurance carrier, your financial responsibility for each visit is determined by your insurance carrier's allowed amount for the service provided.

Insurance

If you choose to use your insurance benefits for services, we ask that you verify your Provider's network status prior to your first visit, or you may be subject to paying a higher copay, coinsurance, or deductible. If your visit is covered as 'out-of-network' or denied due to network status, you agree to pay the 'out-of-network' rates or private pay fees, as required by your insurance carrier.

Insurance Eligibility Verification

Please provide complete and accurate insurance information, as well as a copy of your insurance card prior to your initial visit. This will be used to verify initial benefit eligibility. If you have a change in insurance, please let us know as soon as possible, so we can verify your new benefit eligibility. Although we will verify your insurance benefits, it is your responsibility to ensure the services you receive will be covered by your insurance.

Assignment of Benefits

In exchange for, and in connection with, any and all of the services provided to you or your child, as applicable, by your Provider, you irrevocably assign and transfer to Mindful Therapy Group and your Provider all of the rights, benefits, privileges, protections, claims and any other interests of any kind whatsoever, without limitation, that you or your child, as applicable, had, have or may have in the future pursuant to or in connection with any insurance policy or plan, health benefit plan, health management agreement, risk-bearing agreement, trust, fund or any other source of payment, insurance, indemnity or health or medical coverage of any kind covering you or your child, as applicable. This assignment also includes assignment of your or your child's, as applicable, appeal rights, fiduciary rights, rights to sue, rights to payment, rights to full and fair claims review, rights to penalties or interest, rights to plan documents and plan information, and rights to notices and disclosures from any source.

Prior Authorization

If your insurance plan requires prior authorization for services, it is your responsibility to obtain this authorization prior to being seen by a Provider.

Cost-Estimating

Since you cost-share with your insurance company, the remittance notice we receive on the claim (which usually arrives 3-6 weeks after the claim is submitted) will indicate your cost-share. Your cost-share may be higher or lower than originally anticipated. We will notify you about any balance due. If we overestimated the cost-share, the credit will be applied towards your future visits unless you specify otherwise.

Insurance Denials

Any claims returned or denied by your insurance and for which your insurance permits providers to bill patients directly will be billed to you directly and are your responsibility to pay in full.

Credit Cards on File

You are required to have a credit card on file that can be charged for any balances that are your financial responsibility. Balances will be automatically charged to your card on file. You may also pay in-person if you have an in-office visit.

Credit cards are stored using our payment processor and are encrypted for security. Once a card is saved on file, it can only be charged through our billing software. Whenever your credit card is charged, you will receive an email notification with details of the transaction.

Collections Efforts

If your card is declined, our Mindful Therapy Group staff will reach out via email, text or phone to request that you provide payment instructions for any balance that is your responsibility. They will also require that you place a credit card on file at that time.

A Provider may discontinue treatment if there are unpaid balances. Unpaid balances without a payment plan initiated after 120 days will be turned over to a third-party collection agency. This may result in negative marks on your credit.

ACKNOWLEDGEMENT

By signing this Agency & Patient Disclosure Statement, I acknowledge that I have read this Statement and agree to the following terms:

- I authorize my Provider and/or Mindful Therapy Group to release information to insurance carrier(s) on file and be paid directly by insurance carrier(s) for services billed.
- I acknowledge that I am responsible to my Provider for all charges not paid by my insurance carriers including copays, coinsurance, deductibles, insurance plan refusal to pay for failure to obtain authorization, provider out of network, non-covered services such as couples therapy, and missed appointments and late cancellation fees assessed by my Provider.
- I authorize Mindful Therapy Group to charge my credit card on file for charges deemed as 'patient responsibility' by my insurance company, applicable cancellation fees, and/or private pay.

Patient Name: _____

Patient Age and Date of Birth: _____

*If patient is under the age of 18, the patient's parent or other legal guardian must sign below.

Signature by or on behalf of Patient: _____

If the Person Signing is not the Patient, Authority/Relationship with Patient: