

Sonatix Costs and Fees

COSTS AND FEES

Section 1.01

- (a) Payment is expected at the time of each appointment when applicable. The patient is responsible for all costs that are not covered by insurance. Sonatix Wellness reserves the right to offer payment plans when deemed appropriate and requested by the patient.

INSURANCE UTILIZATION

Section 1.02

- (a) This applies to patients that utilize insurance to cover the costs of services rendered at Sonatix Wellness.
- (a) When your deductible has been met.
 - (i) Patient will be responsible to pay at time of appointment any copay that may be required by their insurance.
- (a) When your deductible has not been met
 - (i) Sonatix Wellness will attempt to contact your insurance company to inquire if the deductible has been met by the patient prior to your appointment. When a deductible has not been met, then an insurance company may not cover the entire cost of an appointment and therefore requires that you pay the cost of services. If you have not yet met your deductible, we require a portion of that payment upfront as defined below according to services rendered. This payment will be subtracted from the bill you will later receive from your insurance. In the event of any overpayment made by the patient the amount overpaid will be credited towards a future bill of the patient, if another appointment has been made. A patient may request a payout of the credit if desired. If another appointment has not been made, we will payout the credit to the patient.
 - (i) Below are the listed "deductible not met" payments for services rendered
 - 1) **Appointment with Medication Provider: \$147**
 - 1) **Appointment with Therapist: \$74**

CASH PAY

Section 1.03

- (a) Applies to patients that do not have insurance or choose to not have their insurance billed. You will be paying all costs out of pocket. If you have insurance, and choose not to have them billed, you will be required to complete the Health Insurance Opt-Out Form and Good Faith Estimate Form before being allowed to do cash pay.

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(a) Below are listed cash prices for services rendered

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|-----|--|-------|
| (i) | Initial Evaluation with a Medication Provider: | \$340 |
| (i) | Follow-Up with Medication Management and Psychotherapy: | \$230 |
| (i) | Initial Evaluation with Individual or Family Psychotherapy Provider: | \$210 |
| (i) | Follow-Up with Individual or Family Psychotherapy: | \$150 |
| (i) | Life Coaching: | \$125 |
| (i) | Genetic/Enneagram Packages | |
| 1) | Genetic Assessment Report \$582 | |
| | • Genetic Test and Initial Evaluation | |
| | • One Report Evaluation Appointment to go over results and recommendations | |
| | • One follow-up appointment to review supplement regimen | |
| 1) | Genetic and Personality Report \$999 | |
| | • Genetic Test and Initial Evaluation | |
| | • One Report Evaluation Appointment to go over results and recommendations | |
| | • One follow-up appointment to review supplement regimen | |
| | • Four private coaching session focused on understanding your enneagram, personality, strengths, weakness and how they tie into your genetic report. | |
| 1) | Genetic and Personality Report \$999 | |
| | • Genetic Test and Initial Evaluation | |
| | • One Report Evaluation Appointment to go over results and recommendations | |
| | • One follow-up appointment to review supplement regimen | |
| | • Four additional coaching sessions to accomplish your goals, leveraging your genetic, personal, and experiential traits to build lasting systems that work for you. | |
| | • One joint appointment with our medication provider, therapist, and life coach to align your treatment modalities and focus in on your unique needs. | |
| 1) | Therapeutic Massage: \$100.00 | |

FEES AND OTHER COSTS

Section 1.04

- (a) The following fees and other costs are applicable to all patients, regardless of cash pay or insurance utilization
- (a) Cancellation or Reschedule
- (i) Any cancellation or rescheduling done within 24 hours of an appointment will be charged as follows:
- 1) **Initial Appointment: \$125**
- 1) **Follow-Up Appointment: \$75**

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- (a) **No Show**
 - (i) If the patient does not come to their appointment, or if the patient is more than 20 minutes late, Sonatix Wellness has the right to consider the appointment a no show and the patient will be charged for the full cost of the appointment. This cost is defined under Section 1.03 Cash Pay of this document.
- (a) We understand emergencies happen that may be entirely out of a patient's control; however, to ensure equal and fair treatment of all patients, the cancellation/no show policy will be enacted regardless of the reason. You will be allotted two free late cancellation/no shows per calendar year. Sonatix Wellness cannot guarantee the availability of a make-up appointment, but will attempt to schedule another appointment for any last-minute cancellation or no show, if desired.

OUTSIDE OF APPOINTMENT SERVICES

Section 1.05

- (a) The provider reserves the right to charge for services rendered outside of appointments. These services may include, but not limited to: direct phone calls over 15 minutes in length, lengthy email correspondence, reading outside evaluations/assessments, writing assessments or letters, and collaboration with other health professionals upon patient request. All fees for services rendered outside of appointment will be disclosed to the patient prior to rendered service, if possible. An initial fee of \$50 will be charged for any outside of appointment services.

COURT ORDERED APPEARANCES/LITIGATION

Section 1.06

- (a) In the event that a provider is required to provide legal documentation, be deposed, or appear in court for a matter in relation to patient treatment a minimum fee of \$650 will be charged. This fee includes travel time, 1 (one) hour of required time, preparation of documentations, etc. An additional fee of \$200 will be charged for each additional hour after the first required hour.

COPY OF MEDICAL RECORDS

Section 1.07

- (a) If the patient requests a copy of their medical records a fee of \$0.25 per page will be charged. Payment for records will be required at time of the request. Completion of request will take up to 10 business days to complete. Please be advised the provider reserves the right to refuse to provide a copy of medical records if deemed detrimental to the patient's mental health. The provider reserves the right to redact private clinical notes or the patient's confidential information upon medical record requests.

ACCEPTABLE FORMS OF PAYMENT

Section 1.08

- (a) Clients are responsible for determining whether their insurance company reimburses for out of network providers.

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- (a) Credit or Debit Card
- (a) Venmo

IMPORTANT INFORMATION

Section 1.09

- (a) Clients are responsible for determining whether their insurance company reimburses for out of network providers.
- (a) Upon request, monthly statements can be provided containing all pertinent data necessary.
- (a) Sonatix Wellness will allot a patient two free no shows/cancellations per calendar year
- (a) Sonatix Wellness reserves the right to modify fees at any time. The patient will be notified of any change in fees 30 days prior to it taking effect.

Acknowledgement of Receipt of Cost and Fees

By signing below, I certify:

- That I have read or had this form read and/or had it explained to me if requested
- That I fully understand its contents.
- That I have been given ample opportunity to ask questions and that any questions have been answered to my satisfaction.

Printed name: _____ Date: _____

Signature: _____