

## Financial Consent

### Billing Insurance

Insurance requires that I attest to the following: I request payment of authorized health insurance, including but not limited to, CCDTF, Medicare, and/or Medicaid benefits be made on my behalf to Northern Pines Mental Health Center for as long as there is a balance due. I do agree to pay for all services provided to me, my spouse, and/or minor children including all charges not covered by insurance payment or by CCDTF funding. I agree that I will be financially responsible for making payments to Northern Pines Mental Health Center for anything deemed as co-insurance, deductible, copay, plan exclusions, non-covered services, and other services that health plans, Medicare, and Medicaid deem as patient responsibility. I authorize the disclosure of only the mental health information required to determine payment of my bill, payment of claims, fraud investigation, and/or quality of care review studies to the appropriate payer.

### Uninsured

You have the right to receive a Good Faith Estimate if you are uninsured. If NPMHC does not have insurance on file, the client is deemed uninsured. It is the client/guardian's responsibility to disclose all insurance information to NPMHC prior to services. Failure to present accurate insurance coverage information to NPMHC deems the client/guarantor uninsured and therefore financially responsible for all charges at the usual and customary rate. The client/guardian is responsible for paying for all charges acquired at NPMHC. These charges are subject to change without notice. If the client/guardian obtains insurance, they are responsible for notifying NPMHC by calling 320-632-6647, Option 2, or by updating their insurance online at [www.NPMH.org](http://www.NPMH.org). NPMHC will only bill insurance for services that fall within that plan's timely filing limitations. Any services prior to this limitation will remain the client/guardian's responsibility.

### Out-of-Network

You have the right to receive a Good Faith Estimate if your insurance is out-of-network with NPMHC. If NPMHC is deemed out-of-network with your health plan(s), your health plan(s) will be billed NPMHC's usual and customary fees and the balance remaining will be the client/guardian's responsibility after processing. NPMHC's rates will remain the same regardless of in or out-of-network status, though your health plan's benefits could differ. It is the client/guardian's responsibility to contact their health plan(s) prior to having services at NPMHC, and to learn what their financial responsibility will be if seen at NPMHC such as, but not limited to, copays, co-insurance, deductibles, and exclusions.

### Benefit Exclusion

I understand that services are sometimes not covered by insurance, where I accept financial responsibility. NPMHC provides a wide range of services, some of which may be considered an exclusion by your health plan(s). NPMHC will bill my health plan(s) their usual and customary rate for services if applicable, and the balance remaining will be the client/guardian's responsibility after processing. Some plans have certain exclusions that will not allow NPMHC to bill for certain services. It is the client/guardian's responsibility to contact their health plan(s) prior to having services at NPMHC, and to learn what their financial responsibility will be if seen at NPMHC and learn about their benefit exclusions.

Our Typical Services Include

<p><b>School-Based &amp; In-Home</b>                  Diagnostic Assessment 90791                  Individual Therapy 90832, 90834, 90837                  Group Therapy 90853, 90849                  Family Therapy without Client 90846                  Family Therapy, Client Present 90847                  Skills Individual, Family, and Group H2014                  MHBA (Mental Health Behavioral Aide) Services H2019</p> <p><b>Adult ACT (Assertive Community Treatment)</b>                  Daily Encounter H0040</p> <p><b>Youth ACT</b>                  Daily Encounter H0040: HA</p> <p><b>IRTS (Intensive Residential Treatment Providers)</b>                  Intensive Residential Treatment H0019                  Room and Board 1001</p> <p><b>Safe Harbor</b>                  Crisis Residential H0018                  Room and Board 1001</p> <p><b>Case Management</b>                  Adult and Children’s Case Management T2023</p> <p><b>Other Services</b>                  Police Evaluation (not billable to insurance)                  Court Ordered Service (not billable to insurance)</p>	<p><b>Crisis Services (Including Urgent Care)</b>                  Assessment and Stabilization H2011</p> <p><b>Outpatient</b>                  Diagnostic Assessment 90791                  Individual Therapy 90832, 90834, 90837                  Group Therapy 90853, 90849                  Family Therapy without Client 90846                    Family Therapy, Client Present 90847                  Psychological Testing                  DBT H2019</p> <p><b>ARMHS</b>                  Individual and Group Skills H2017                  Med Education H0034                  Community Intervention 90882                    Certified Peer Specialist Level H0038</p> <p><b>Psychiatry</b>                  E/M 99202-99215</p> <p><b>SUDS (Substance Use Disorder Services)</b>                  Assessment H0001                  SUDS Treatment H2035                  Peer Recovery H0038                  Treatment Coordination T1016</p>
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Rates for the above services can be made available by contacting 320-632-6647, Option 2, or by inquiring online at [www.NPMH.org](http://www.NPMH.org).

Waiving Insurance

I understand that by my election to self-pay for services, any payments made will not be credited towards satisfying my deductible or out-of-pocket maximum with my health plan. I understand that if electing to self-pay for services while having available insurance coverage will disqualify my ability to apply or receive any type of funding through NPMHC. I understand that if I do not provide NPMHC full and accurate insurance information needed for claim submission at the time of service, I will be fully responsible for all charges at full fee. I understand that if I choose to utilize and provide NPMHC with insurance information after the service is rendered, I accept financial responsibility for the services in the occurrence of a timely filing denial from the health plan. If I elect to pay for services out-of-pocket, I understand that I will be fully responsible for these charges.

## Cost Estimate

I understand that if I would like a cost estimate for services, I am responsible for requesting this information from Northern Pines Mental Health Center. Cost estimates are available by inquiring at [www.NPMH.org](http://www.NPMH.org), or by contacting 320-632-6647, Option 2.

## Disclosure

All the above is a Good Faith Estimate of charges and is not to be considered a contract and does not require clients to receive the items/services. All clients of NPMHC have the right to initiate a provider patient dispute-resolution process. Please contact 320-632-6647, Option 2, to initiate this process. The above information is relevant to all affiliated locations and providers that are represented under NPMHC's TIN (Taxpayer Identification Number) of 410875464.

## Financial Support Services

NPMHC is committed to supporting you through any potential financial circumstance. NPMHC provides financial supportive services through the Financial Assistance Qualification (FAQ) Process which offers financial assistance for those that qualify based on gross family income (the amount of income from wages and salaries, but not limited to, coming into one household) and household size (the number of people residing, as primary residency, within a household). Clients/guarantors can initiate the above financial support services by calling 320-632-6647, Option 2, or by visiting [www.NPMH.org](http://www.NPMH.org).

Step 1) If you do not have Medicaid-funded coverage, you will need to meet with an insurance navigator to determine eligibility. Only those already enrolled with Medicaid funding may apply for financial assistance without an insurance navigation appointment.

Step 2) If you do not qualify for Medicaid-funding, or your current Medicaid funding has a patient responsibility that you are seeking assistance covering, you can complete the FAQ application.

Step 3) If you qualify based on gross household income and household size, you will be granted reduced/waived fees, depending on sliding fee schedule, 365 days beyond the application approved date. The above process will need to be required annually to be considered continued financial assistance through NPMHC. If you do not qualify for reduced/waived fees, NPMHC offers flexible payment plans.

The client/guardian agrees that if they accept reduced/waived fees, they must notify NPMHC by calling 320-632-6647, Option 2, if their gross household income or household size changes. The client/guardian's 365-day approval is based on current information, where if it changes, the approval and amount reduced/waived is also subject to change.

## Protections Against Surprise Medical Bills

When you get emergency care or get treated by an out-of-network provider at an in-network facility or ambulatory surgical center, you are protected from surprise billing or balance billing. What is "balance billing" (sometimes called "surprise billing")? When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, such as a copayment, coinsurance, and/or a deductible. You may have other costs or have to pay the entire bill if you see a provider or visit a health care facility that isn't in your health plan's network. "Out-of-network" describes providers and facilities that have not signed a contract with your health plan. Out-of-network providers may be permitted to bill you for the difference between what your plan agreed to pay, and the full amount charged for a service. This is called "balance

billing.” This amount is likely more than in-network costs for the same service and might not count toward your annual out-of-pocket limit. “Surprise billing” is an unexpected balance bill. This can happen when you cannot control who is involved in your care—like when you have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider. You are protected from balance billing for: Emergency services. If you have an emergency medical condition and get emergency services from an out-of-network provider or facility, the most the provider or facility may bill you is your plan’s in-network cost-sharing amount (such as copayments and coinsurance). You cannot be balance billed for these emergency services. This includes services you may get after you are in stable condition unless you give written consent and give up your protections not to be balance billed for these post-stabilization services. Certain services at an in-network hospital or ambulatory surgical center. When you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers may bill you is your plan’s in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, intensivist services, or emergency mental health crisis services. These providers cannot balance bill you and may not ask you to give up your protections not to be balance billed. If you get other services at these in-network facilities, out-of-network providers cannot balance bill you, unless you give written consent and give up your protections. You are never required to give up your protections from balance billing. You also are not required to get care out-of-network. You can choose a provider or facility in your plan’s network. When balance billing is not allowed, you also have the following protections: You are only responsible for paying your share of the cost (like the copayments, coinsurance, and deductibles that you would pay if the provider or facility were in-network). Your health plan will pay out-of-network providers and facilities directly. Your health plan generally must: Cover emergency services without requiring you to get approval for services in advance (prior authorization). Cover emergency services by out-of-network providers. Base what you owe the provider or facility (cost-sharing) on what it would pay an in-network provider or facility and show that amount in your explanation of benefits. Count any amount you pay for emergency services or out-of-network services toward your deductible and out-of-pocket limit. If you believe you have been wrongly billed, you may contact: Northern Pines Mental Health Center, Inc. 320-632-6647, Option 2 or [billingsupport@NPMH.org](mailto:billingsupport@NPMH.org). Visit <https://www.NPMH.org/> for more information about your rights under federal law. The contents of this document do not have the force and effect of law and are not meant to bind the public in any way, unless specifically incorporated into a contract. This document is intended only to provide clarity to the public regarding existing requirements under the law.