
Financial Responsibility & Payment

1. I authorize Desert Streams PC, DBA Desert Streams Christian Counseling, and its designated billing agency, Associate Professional Billing, to release any demographic, clinical, or medical information necessary to process claims and receive direct payment from my insurance carrier. This includes obtaining insurance eligibility and benefits information for the purpose of securing payment for services rendered, in compliance with the Health Insurance Portability and Accountability Act (HIPAA), 45 CFR Parts 160 and 164.
2. I acknowledge and agree that I am personally responsible for all charges for services provided by Desert Streams Christian Counseling, including but not limited to co-payments, deductibles, coinsurance, and any services not covered by my insurance. Payment is due at the time of service unless a written payment arrangement is made in advance. This obligation exists regardless of the status or outcome of any insurance claim.
3. All services rendered by PMHNP-BCs are billed directly to the patient and will not be submitted to any insurances, including Medicare. Patients may request a detailed statement (superbill) for the purpose of self-submitting claims to their insurance carrier for possible out-of-network reimbursement. Desert Streams Christian Counseling and its PMHNP-BCs make no guarantee of insurance reimbursement for these services, and all financial responsibility remains with the patient.
4. Angela Schutte, PMHNP-BC, does not participate in or accept Medicaid. Accordingly, Medicaid will not cover services or prescriptions issued by Angela, and Medicaid-enrolled pharmacies may deny claims for such prescriptions pursuant to CMS and state Medicaid coverage rules (see 42 U.S.C. § 1396a; 42 CFR Part 440; Michigan Medicaid Provider Manual, Pharmacy Chapter).
5. I understand that if I fail to provide at least twenty-four (24) hours notice of cancellation, or if I miss a scheduled appointment, I may be charged the full session fee. Missed or cancelled sessions are not covered by insurance.
6. Balances older than 60 days may be forwarded to a collection service; we will share only the minimum information necessary (name, dates of service, amount owed). I agree to pay all associated costs, including reasonable attorney fees as permitted by law and the Michigan Collection Practices Act (MCL 445.251 et seq.) if applicable.

Fees & Cancellations

- Psychotherapy Diagnostic (16-53+ minutes) | \$250
- Ongoing psychotherapy (53+ min) | \$220
- Ongoing psychotherapy (38-52 min) | \$150
- Ongoing psychotherapy (16-37 min) | \$110
- Other professional services not usually covered by insurances (records, provider collaboration, court testimony, etc.) | A Good-Faith Estimate of expected charges will be provided in compliance with 45 CFR §149.610.
- Group/Testing: Charges Vary
- Psychiatric Diagnostic (60 min) | \$300
- Medication follow-up (20-30 min) | \$150

Acknowledgment & Consent

By signing, I acknowledge that I have read, understand, and agree to this Financial Agreement.

Patient Name (print)

Guardian Name, if applicable (print)

Patient DOB

Patient SSN

Patient / Guardian Signature

Date

PRIVATE PAY FINANCIAL ARRANGEMENTS

If I do not have insurance or choose not to use it, I agree to pay the private pay rate per session as discussed and documented below, in accordance with state law and the No Surprises Act.

Patient agrees to pay \$_____ per session where applicable.

Patient Name (print)

Guardian Name, if applicable (print)

Patient / Guardian Signature

Date

Provider Name & Credentials Signature

Date

MEDICARE AUTHORIZATION

I request that payment of authorized Medicare benefits be made either to me or on my behalf to Desert Streams Christian Counseling for any services furnished on my behalf, in accordance with the Michigan Public Health Code (MCL 333.16101 et seq.) and all applicable federal regulations. I authorize any holder of medical information about me to release to the Centers for Medicare & Medicaid Services (CMS) and its agents any information needed to determine these benefits or the benefits payable for related services. My signature below requests that payment be made and authorizes the release of medical information necessary to process my claim, in compliance with the Health Insurance Portability and Accountability Act (HIPAA) and all applicable state and federal laws.

UNCOVERED SERVICE: Psychiatric Mental Health Nurse Practitioner, Board Certified (PMHNP-BCs) at Desert Streams Christian Counseling do **not** bill Medicare for any services. If you receive services from a PMHNP-BC, you are solely responsible for payment. You may request a detailed statement (superbill) to self-submit to your insurance for possible out-of-network reimbursement, but Desert Streams Christian Counseling and its PMHNP-BCs make no guarantee of insurance or Medicare reimbursement for these services.

Patient Name (print)

Guardian Name, if applicable (print)

Patient / Guardian Signature

Date