

Mental Health Professionals, LLC
P.O. Box 366, Hoodspport, WA 98548-0366
Sarah M. Magnuson-Whyte
DNP, ARNP, PMHNP-BC, FNP-BC

Patient Financial Responsibility Agreement

- Patients must check in on time for their appointments. Any patient who is late their appointment ten (10) minutes or more, will be need to have their appointment rescheduled to the next available appointment and their late arrival will count as a missed appointment.
- As a courtesy, an automated reminder call will be provided, but it is solely the patient's responsibility in keeping appointment dates/times. Missing three (3) scheduled appointments without a twenty-four (24) notice is cause for termination as a patient. Should it be necessary to terminate your status as a patient, a written notice will be sent to your address on record. We will continue to see you for thirty (30) days after the postmark of the mailed notice for the purposes of emergency care and to give you a time to find another medical provider. We will supply you with names, addresses and contact telephone numbers of possible providers should you want them.
- For **existing** patients who do not agree and do not wish to sign this patient responsibility agreement, the Psychiatric Nurse Program at Mental Health Professionals, LLC will provide you sixty (60) days to find another provider. We will supply you with names, addresses and contact telephone numbers of possible providers should you want them.
- Billing statements will be sent to your address on record the first full week of every month if a there is a balance owed on your account. Payments can be mailed, paid at the office by cash, check or credit/debit card, or can be phoned in by calling the phone number listed in the comments section of the statement.
- If the statement balance cannot be paid in full, it is the patient's responsibility to call the phone number listed in the comment section of the statement to set up payment arrangements. Services may be suspended if one of the following occur: 1) if no payments are made after sending/receiving two monthly billing statements 2) any account that reaches the threshold balance of five-hundred (500) dollars. In the event of a missed arranged payment without notification, services will be suspended until the balance is paid in full.

Printed Name

Date

Signature