FINANCIAL POLICY AND FEE AGREEMENT

Clarity ADHD, PLLC | Lucas Craft, PA-C | Washington State

Self-Pay Practice

Clarity ADHD, PLLC is a self-pay practice. We do not contract with or accept insurance, Medicare, or Medicaid as payment for treatment.

All fees are due at the time of service. We can provide a superbill on request if you want to seek reimbursement from your insurance. Reimbursement is not guaranteed and depends on your plan. We cannot help with reimbursement efforts.

Fee Schedule

A written fee schedule is given to all patients before their first visit. Fees may change. We will give you at least 30 days' notice before any fee increase.

Payment

Payment is due at the time of service. We accept credit cards, debit cards, and HSA/FSA cards.

You must have a valid card on file before your first visit and at all times during treatment. By giving us your card, you allow us to charge it for services as described in this policy. Please keep your card information up to date.

Cancellation and No-Show Policy

Please give at least 48 hours' notice if you need to cancel or reschedule.

- **Cancel with 48+ hours notice:** No charge
- **Cancel with less than 48 hours notice:** $75 late cancellation fee charged to card on file
- **No-show (no notice):** $100 no-show fee charged to card on file

These fees are not covered by insurance. Repeated no-shows or late cancellations may result in discharge from the practice.

Prescription Refills

Refills are managed at your scheduled follow-up visits.

Controlled substance refills will not be issued between visits except in limited cases at the provider's sole discretion. Any exceptions must be consistent with your Controlled Substance Agreement.

Outstanding Balances

Accounts with unpaid balances may be placed on hold. You will be notified through the SimplePractice portal or by email. Unpaid balances may be sent to a collections agency after 90 days.

Good Faith Estimate

Under the No Surprises Act, you have the right to a Good Faith Estimate of expected costs before your visit. Contact us if you would like a written estimate before scheduling.

Consent

By signing below, I confirm that I have read this Financial Policy and understand it. I agree to the payment terms above, including the cancellation and no-show policy. I allow Clarity ADHD, PLLC to charge the card on file for services provided.

[ ] I have read, understand, and agree to this Financial Policy and Fee Agreement, including the cancellation and no-show policy.

Patient Name (print):	
Patient Signature:	
Date:	