



**Sunrise Psychiatry, LLC**  
721 Long Point Road  
Suite 408B  
Mt. Pleasant, SC 29464  
Phone: 843-800-5070 Fax: 843-800-5074  
[SunrisePsychiatry.com](http://SunrisePsychiatry.com)

**PATIENT FINANCIAL RESPONSIBILITIES**

I, (Patient) \_\_\_\_\_, understand and agree to comply with the following financial requirements. Additionally, I authorize a representative from Sunrise Psychiatry, LLC to perform the following tasks regarding my treatment at Sunrise Psychiatry, LLC as a courtesy service on my behalf. *(Please initial the following where applicable)*

\_\_\_\_\_ Self pay rates for services provided at Sunrise Psychiatry, LLC are available if my insurance is not accepted by a given provider at Sunrise Psychiatry, LLC or if I choose not to utilize my health insurance.

\_\_\_\_\_ If I choose to utilize my health insurance benefits, I will provide Sunrise Psychiatry, LLC with the necessary information to file claims on my behalf including a copy of my insurance card(s), subscriber's identifying information, and any other information relevant to submitting a claim.

\_\_\_\_\_ It is my responsibility to verify with my insurance company beforehand if and how much of my services provided at Sunrise Psychiatry, LLC will be covered by my insurance.

\_\_\_\_\_ I agree to update Sunrise Psychiatry, LLC with any change(s) to my insurance coverage as they occur. I will also provide any additional information concerning my coverage should a billing problem arise.

\_\_\_\_\_ In the event that Sunrise Psychiatry, LLC files a claim on my behalf and services are not covered due to inaccurate information or inactive policy, I will be responsible for payment of any remaining balances or unpaid fees and will be charged at the self-pay rate.

\_\_\_\_\_ I am responsible to know what my insurance coverage entails. This includes, but is not limited to the following: in-network and out-of-network coverage, whether mental health benefits are available, my copay, co-insurance, deductible, and maximum out-of-pocket expenses.

\_\_\_\_\_ Payment is due at the time of service prior to meeting with the provider. I am responsible for and agree to provide full payment for all accrued charges for services provided at Sunrise Psychiatry, LLC, including but not limited to, current or past due balances, required co-pays, co-insurances, unmet deductibles, self-pay fees as well as missed appointment fees. If I am unable to make the required payment, Sunrise Psychiatry, LLC will gladly reschedule the appointment (Missed Appointment fees may or may not apply, depending on the number of occurrences).

- **Co-Pays:** For insurance policies that require co-pays, our contract with these managed care companies require full payment at the time service is rendered. We collect this payment prior to you meeting with the provider
- **Deductibles and Co-Insurance:** If you have met your insurance deductible, we will collect only the percentage that you are responsible. If you have not met your deductible, we will collect 100% of the charges at the time of service prior to meeting with your provider
- **Self-Pay:** 100% of charges will be collected from patients that do not have insurance coverage, do not provide insurance information prior to their appointment and/or are having services provided that are not covered by their insurance company.

*I have read and understand the above information regarding my financial responsibilities as a patient of Sunrise Psychiatry, LLC and by signing this document I attest that I agree to all of the terms and requirements for payment and fees listed above.*

\_\_\_\_\_  
Signature of Patient and/or Financially Responsible Party

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Staff at Sunrise Psychiatry, LLC

Date: \_\_\_\_\_



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**CANCELLATION / NO SHOW / MISSED APPOINTMENT / LATE POLICY**

In the event, that you need to cancel or reschedule your scheduled appointment, please note that our office has a 24 hour, or one business day cancellation notification policy. This policy requires that you notify the office via email ([help@sunrisepsychiatry.com](mailto:help@sunrisepsychiatry.com)) or phone (843-800-5070) during business hours (Monday-Thursday 8am-4:30pm and Friday 8am-2:30pm) at least one business day in advance of canceling or rescheduling an appointment. If no one is immediately available to answer your call/email, please be sure to leave a voicemail and include your full name (or patient's full name), the provider you are scheduled to see and the date and time of the appointment that you need to cancel or reschedule. Voicemails and/or emails received during the weekends or outside of business hours will not be considered sufficient notice as our office is closed, and no one is available to receive or check email or voicemail.

*\*Please Note: Although we have the capability for you to schedule your own appointments online at our website, SunrisePsychiatry.com, this does not automatically change or cancel an appointment previously scheduled. Therefore, you must contact us directly in order to cancel the original appointment during business hours.*

There are several reasons, we have decided to implement this policy. The number one reason, is an effort to improve the quality of our patient care. We care about you and your time and therefore reserve the time of your appointment specifically and only for you. We do this to ensure that our patient appointments are efficient and easily accessible without over booking and to avoid long wait times. This policy is also maintained to better accommodate other patients who are waiting to be seen and need an earlier appointment. Lastly, insurance companies do not reimburse for the provider's time lost or for the Missed Appointment Fee and is the patient's responsibility.

If you miss an appointment without calling to cancel or if you fail to reschedule at least 1 business day ahead of time during business hours, you will be charged a **Missed Appointment fee of \$100**. You will also be charged a Missed Appointment fee or a Late fee if you arrive late by 15 minutes or longer and must be rescheduled for another day. The only exception to this Missed Appointment fee is if you can provide documentation you were hospitalized or unable due to extenuating circumstances.

Please note that although we do offer courtesy email, text message, and/or phone call reminders, the patient is responsible for remembering his/her appointment. Not receiving an appointment reminder will not be considered an excuse for missing an appointment. Insurance companies do not reimburse for these fees or the provider's time. If you do not come to your appointment without cancelling or rescheduling your appointment ("no show") you may be required to provide a credit card number in order to schedule another appointment. Repeated missed appointments without adequate notice will result in a review of a patient's appointment history and may result in a termination of services with our practice.

*I have read and understand the above information regarding my financial responsibilities as a patient of Sunrise Psychiatry, LLC and by signing this document I attest that I agree to all of the terms and requirements for payment and fees listed above.*

\_\_\_\_\_  
Signature of Patient and/or Financially Responsible Party

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Staff at Sunrise Psychiatry, LLC

Date: \_\_\_\_\_