

Path Behavioral Healthcare	Policy No: FI 04
Subject: Fees, Scheduling, and Collections	Effective Date: 12/03/22 Revised: 10/1/24, 8/7/25
	Scope: Ohio, West Virginia, & Utah Programs

Shorthand Terminology Used in This Policy and Procedure

To enhance clarity and ease of reading, the following shorthand is used throughout this document:

- **"Private OON Only"**: Refers to persons served who have *only* a **Private Out-of-Network (OON) insurance plan**. These individuals **do not** have any **state or government-funded insurance** (e.g., Medicaid or Medicare) in addition to their private OON coverage.
- **"Self-Pay"** = no insurance or no eligible coverage.

Policy

All persons seeking services from PATH Behavioral Healthcare are required to pay their applicable deductibles, copays, or self-pays in full before receiving any services. This policy ensures the timely and accurate collection of financial obligations while facilitating smooth and uninterrupted care delivery.

Path Behavioral Healthcare has a published fee schedule for all services.

Procedure

Medicaid & State Funding

The agency accepts Medicaid and state funding as payment in full for services unless the grant requires a co-pay.

Private Insurance

Prior to the person's appointment, the PATH Behavioral Healthcare administrative staff will attempt to verify the person's insurance coverage, including obtaining information regarding deductibles and copays.

The person served will be informed of their financial responsibility based on their insurance plan or self-pay arrangement.

Clients with Private Out-of-Network (OON) insurance only—or their legally responsible party—are required to pay in full for services upfront, based on PATH's published Out-of-Pocket Fee Schedule. If any portion of the service is later reimbursed by the client's private insurance provider, the corresponding amount will be either credited to the client's account or refunded within 30 calendar days from the date of overpayment identification by the Billing Team.

Clients will be notified of any credits or refunds through a combination of digital invoices, phone calls, and mailed itemized statements, all coordinated by PATH's designated Billing Team.

** Commercial and Private insurance plans do not cover Case Management or Nursing services. Clients with Private OON Only coverage are not eligible to receive these services at PATH. This policy must be clearly communicated to clients during both scheduling and intake.*



Pre-Authorizations:

If the provider neglects to communicate with the Office Manager or Billing Team about a client whose plan necessitates a pre-authorization, clearly indicated on the client's chart (i.e. Message Board), the provider will not receive compensation for the appointment that did not obtain a prior authorization.

Payment Collection

All Self-Pay and Private OON Only persons served or the legal responsible person are expected to provide payment for services **before** their scheduled appointment. Payment may only be made through certified check, money order, cash, or credit/debit cards. A secure payment system will be in place to safeguard patient financial information. The agency accepts cash only if it is the exact amount of the appointment cost or less.

In-Person Appointment Payment Protocol

- o OMs are responsible for collecting full payment for services prior to the scheduled appointment. Accepted payment methods include:
 - o Phone payment before the scheduled appointment
 - o Auto-deduction using a saved card on file
 - o Certified check, money order, cash, or credit/debit card at the front desk
- o The client may not be seen by the provider until payment has been processed and confirmed by the OM.
- o If payment cannot be made prior to the session, the Office Manager must pause services and notify the provider immediately. The provider is not permitted to begin or continue the session until payment is confirmed
- o OMs may offer to reschedule the appointment within 48 hours upon payment, depending on provider availability.
- o Any instance where a client attempts to proceed without payment must be documented by the OM using the Memo to Chart function in the EHR for internal tracking.

Telehealth/Telephone Payment Collection Protocol

- Office Managers will attempt to collect prepayment 48 hours before scheduled telehealth or phone appointments.
- Attempts will be made using:
 - o 1 phone call
 - o 1 voicemail (if no answer)
 - o 1 message via the client's preferred method on file (email, text, or portal message)
- All attempts must be documented, by the OM, in the EHR Call Log.
- If payment is not received before 24 hours - the appointment will be cancelled. The provider will be notified by the OM and should not proceed with the session.
- Office Managers may offer to reschedule the appointment within 48 hours once payment is received, depending on provider availability.

Office Managers are responsible for collecting payments from:

- **Clients assigned to their home office** as listed in the EHR system.
- **Clients whose appointment is being held at their office**, even if the client's home office is different (for in-person appointments only).
- **Telehealth appointments** scheduled to their office. All telehealth appointments must be scheduled to the PATH office **closest to the client's physical address** as documented in the EHR system.



- **Coverage assignments** – When providing coverage for another office, OMs are responsible for collecting payment from all clients assigned to the office they are covering during that period.

OMs must follow all standard payment collection protocols outlined in this policy for both in-person and telehealth appointments.

Clients with any outstanding balance are not eligible for telehealth or phone-based services until the balance is resolved. All scheduled telehealth or phone appointments for clients with a balance must be cancelled until payment has been received or an approved payment plan is in place.

As outlined in the Card Requirement section, all Self-Pay and Private OON Only clients must have a valid card on file unless they are granted a documented exemption. Office Managers should ensure that this requirement is checked prior to initiating payment outreach. If a client does not have a card on file and no exemption has been approved, they must prepay in full at least 48 hours prior to the scheduled Telehealth appointment. Failure to meet this condition will result in cancellation.

Card Requirement

Effective October 15, 2024, all "Self-Pay" and Private OON Only clients are required to keep a valid **credit or debit card on file** as a safeguard to ensure timely payment for services.

These clients must complete a Credit Card Authorization Form prior to receiving services. This form allows clients to elect automatic payment (auto-deduction) or indicate that the card will be stored for manual authorization only. This form must be completed for any new payment method on stored file.

Clients who **refuse to provide a card on file** must request a documented exemption through the Billing Department. If approved, they will be required to **prepay in full** at least **48 hours in advance** of every Telehealth scheduled appointment. Failure to meet this prepayment deadline will result in appointment cancellation.

Requests to bypass the card-on-file requirement are reviewed on a **case-by-case basis** and are not guaranteed.

Deferred Payment

If a person is experiencing a temporary hardship the agency will allow the person served to defer one co-pay or self-pay till the time of the next appointment. The amount deferred and the current fee must be paid in full before the next scheduled appointment. The provider or Office Manager must submit the deferred payment request to Regional Leadership via email, and the approval must be documented in the EHR using the Memo to Chart function.

For any client that has a balance, as of, 03/01/24, they may NOT receive services until one of the following occurs:

- their balance is paid in full.
- A payment plan is set up to pay down their balance within 6 months of 6 equal payments.

(Any modification to this set payment plan must be approved by Billing and Operations. This does not apply to deferred payments mentioned above.)

Payment Plans and Exceptions

In cases of financial hardship or special circumstances, PATH Behavioral Healthcare may offer payment plans or adjust the payment schedule. Such exceptions will be evaluated on a case-by-case basis and require approval



from the Operations and the Billing Department. All co-pays and deductibles must be collected in full, even if included in a payment plan.

If the client wishes to opt for a payment plan, they should inform the Office Manager or directly contact the Billing Department. If the client chooses to communicate with the Office Manager, the Office Manager will send the client's details to the Billing Department via email. Billing will assess the payment plan amount, duration, and initiation date.

Billing will then get in touch with the client regarding the approved payment plan and send the client a Payment Plan Agreement Form. The payment plan becomes operational only when the client fills out the form and submits it to Billing. After the form is completed and uploaded to the Electronic Health Record (EHR), Billing will coordinate with the Office Manager on how payments will be obtained and what the plan looks like. Billing will add a message containing the payment plan specifics to the client's chart.

Billing is responsible for tracking payment plans by notating them on the payment log > Payment Plan Tab and in the message board of Carelogic. If an Office Manager collects a payment for a payment plan, they should notate this in the notes section on this excel tab.

For clients who opt into **auto-deduction payment plans**:

- If a charge is declined, the client will be contacted within **24 hours** to update payment information.
- If no valid payment method is provided within **48 hours**, services will be suspended, and all upcoming appointments will be placed on hold.

No-Show and Cancellation Fees:

If a patient with private insurance or self-pay fails to attend their scheduled appointment or cancels without 24-hour notice they may be subject to a \$50 fee. The agency may use its discretion to waive the fee in case of emergency. Persons served will be informed of this policy during the scheduling process & in the client handbook.

No show or cancellation fee may not be charged to people with Medicaid.

Clients who repeatedly fail to provide payment prior to appointments, resulting in multiple cancellations or pauses in service, may be reviewed for potential temporary disenrollment or clinical reassessment. The Clinical Leadership, Regional Leadership, and Operations departments will jointly determine if further services should be placed on hold until a sustainable payment plan or compliance pattern is established. All decisions will be documented in the client's chart.

Recordkeeping

Detailed records of payment transactions, notifications, and patient communications regarding financial responsibilities will be maintained in accordance with the company's recordkeeping policies and relevant legal regulations.

All credits and reimbursements will be documented in the designated refund log and tracked in the Electronic Health Record (EHR) under the Memo to Chart and Claims sections.

Collections



If a client's account has been sent to collections due to non-payment, PATH Behavioral Healthcare staff cannot provide services or discuss any details about the outstanding balance. In these cases, staff must inform the client: "We cannot discuss this matter or provide services. You must contact the Collections Department at 833-417-5600 to resolve your account in order to be seen." This is the only permitted communication regarding the balance for clients in collections.

Enforcement and Compliance

The PATH Behavioral Healthcare administrative staff and healthcare providers are responsible for enforcing this policy consistently and fairly. Any deviations from the policy must be documented, approved, and maintained for auditing purposes.

If the appointment is telehealth- or phone-based, payment must be secured prior to the client joining the session. If the Office Manager is unable to obtain payment in advance, they must notify the service provider that payment has not been received, and the client may not be seen for services until payment is made.

PATH recognizes that some clients may not answer phone calls or respond to digital outreach. To ensure fairness and consistency, the collection process includes a combination of phone, voicemail, and written communication attempts. All outreach efforts will be documented in the client's EHR.

Providers are required to verify with the Office Manager that payment has been received. If payment is not confirmed, the provider must pause the session and refer the client to the Office Manager without proceeding.

Office Managers should use the EHR and payment portal to verify the client's payment status and document all communication attempts in the client's chart via Call Log.

If a provider schedules an upcoming appointment, that is within less than 24 business hours, without the Office Manager's knowledge, the provider is responsible for contacting the Office Manager, who will then attempt to obtain the payment. They must immediately report this to the Office Manager using Teams, email, or verbal notification. If verbal, the provider must document the communication in the EHR using the Memo to Chart function.

If a provider delivers services to a client without the Office Manager's knowledge and fails to ensure payment was obtained prior to the appointment, disciplinary action may be taken, and payment for billed time may be withheld until the client's payment is received.

Billable providers are required to adhere to the designated appointment times for clients with Private OON Only and Self Pay. If an appointment exceeds the scheduled time due to the provider not being aware of the maximum allotted time, the provider will not receive compensation for the excess time. There are no exceptions to the designated time spans or rates.

The PATH Billing Team is responsible for enforcing all payment, refund, and credit procedures outlined in this policy. This includes:

- Monitoring and processing client credits and insurance reimbursements within 30 calendar days.
- Communicating payment updates to clients via digital invoice, phone, and mailed statements.



- Logging all credits and reimbursements in the designated refund log and documenting them in the EHR under the Memo to Chart and Claims sections.
- Collaborating with Office Managers and providers to ensure accurate and timely financial documentation and follow-up.

Executive Oversight

The Chief Revenue Officer (CRO) and Chief Financial Officer (CFO) are responsible for high-level oversight of payment compliance, credit/refund timeliness, and financial accountability across all programs.

This includes:

- Ensuring compliance with state and federal financial regulations.
- Reviewing monthly reports on client refunds, outstanding credits, and insurance reimbursements to identify trends, gaps, or delays.
- Providing strategic guidance to Billing and Operations leadership to support consistent and lawful financial practices.

All payment policies are enforced in accordance with applicable state and federal laws.

Person Served Education

PATH Behavioral Healthcare will provide clear information to patients about this policy through its client handbook, website, appointment confirmation emails, and other relevant communication channels. Patients will be encouraged to seek clarification if they have any questions about their financial responsibilities.

This policy will also be summarized verbally with clients during the referral process to ensure understanding.

Ohio & Utah Self-Pay (out-of-pocket) – Cost of Appointments & Scheduling

Code	Appointment Type	Self Pay Rates:	Max Time
Initial Services			
90791	Intake Diagnostic Eval	\$150.00	120 min
99204	E/M New Patient	\$210.00	60 min
Ongoing Services			
90832	Ind Psy/ISP Update (30 Min)	\$75.00	30 min
90837	Ind Psy/ISP Update (60 Min)	\$150.00	60 min
90847	Family Psych (Family Therapy with or without client present)	\$125.00	50 min
90853	Group Psychotherapy	\$145.00	60 min
H0036	Case Management (30 Min)	\$50.00	30 min
H0036	Case Management (60 Min)	\$100.00	60 min
99214	E/M Established Patient (30 Min)	\$150.00	30 min
99215	E/M Established Patient (45 Min)	\$200.00	45 min
H2019	Nursing (30 Min)	\$80.00	30 min
H2019	Nursing (40 Min)	\$110.00	40 min

West Virginia Self Pay (out-of-pocket) – Cost of Appointments & Scheduling

Code	Appointment Type	Self Pay Rates:	Time
Initial Services			
90791	Intake Diagnostic Eval	\$154.74	120 min
99204	E/M New Patient	\$119.66	50 min
H0031	MH Assessment, by non-physician	\$189.00	N/A
Ongoing Services			
90832	Ind Psy/ISP Update (30 Min)	\$62.75	30 min
90837	Ind Psy/ISP Update (60 Min)	\$122.13	60 min
99214	E/M Established Patient (30 Min)	\$87.06	30 min
99215	E/M Established Patient (45 Min)	\$128.59	45 min
H0004	Behavioral health counseling and therapy	\$22.21	Per 15 min
H0038	Peer Srv/Self Help	\$18.84	Per 15 min
H0040	SUD ACT	\$97.00	N/A
H2014	Skills Training	\$13.13	Per 15 min
99358	Medical Records	(WV) search fee of \$20; For electronic copies, the per-page fee is capped at \$0.20, with a maximum total fee of \$150, excluding taxes; a per-page fee of \$0.40 for paper copies, and postage if the records are mailed.	