

LABEL

MD/DO FEE SCHEDULE
JULY 1, 2018 - JUNE 30, 2019
Behavioral Health Services
Agnesian HealthCare

BHO-533 AHC MD/DO (9.12.18) ORDER FROM PRINTING
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OUTPATIENT

MD/DO

90792 Initial Evaluation\$524.00

MD/DO Med Evaluation & Management

99212 Level 2\$95.00
99213 Level 3\$149.00
99214 Level 4\$212.00
99215 Level 5\$278.00

MD/DO Med Evaluation & Management with 30 Minute Therapy

99213 Level 3\$149.00
90833 30 min therapy.....\$111.00
Total**\$260.00**

99214 Level 4\$212.00
90833 30 min therapy.....\$111.00
Total**\$323.00**

MD/DO Med Evaluation & Management with 45 Minute Therapy

99213 Level 3\$149.00
90836 45 min therapy.....\$210.00
Total**\$359.00**

99214 Level 4\$212.00
90836 45 min therapy.....\$210.00
Total**\$422.00**

NURSING HOME

MD/DO

90792 Initial Evaluation\$434.00

MD/DO Med Evaluation & Management

99307 Level 1\$114.00
99308 Level 2\$209.00
99309 Level 3\$292.00
99310 Level 4\$382.00

MD/DO Med Evaluation & Management with 30 Minute Therapy

99308 Level 2\$209.00
90833 30 Minute Therapy\$75.00
Total**\$284.00**

99309 Level 3\$292.00
90833 30 Minute Therapy\$75.00
Total**\$367.00**

MD/DO Med Evaluation & Management with 45 Minute Therapy

99308 Level 2\$209.00
90836 45 Minute Therapy\$120.00
Total**\$329.00**

99309 Level 3\$292.00
90836 45 min therapy.....\$120.00
Total**\$412.00**

ASSISTED LIVING

MD/DO

Home Visit New Patient

99324 Level 1\$101.00
99325 Level 2\$142.00
99326 Level 3\$250.00
99327 Level 4\$332.00
99328 Level 5\$386.00

MD/DO Med Evaluation & Management

99334 Level 1\$109.00
99335 Level 2\$171.00
99336 Level 3\$238.00
99337 Level 4\$344.00

Med Evaluation & Management with 30 Minute Therapy

99335 Level 2\$171.00
90833 30 Minute Therapy\$75.00
Total**\$246.00**

Nurse Practitioner students are supervised and billed under Dr. Giesige, Dr. Mofikoya and Dr. Tapp.



CR-0060

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- We strongly recommend you become familiar with your insurance policy regarding the extent of mental health and/or addiction insurance coverage. **You** should check to see the requirements of your plan before your next appointment. The fee allowed or paid by your insurance and the co-pay may vary with the policy or contract Agnesian Healthcare has with your carrier. It is your responsibility to pay any portion of the bill not covered by insurance.
- **Co-payment is due at the time services are provided.**
- If you are self-pay, you will be **required to pay one half of the session fee at the time of each appointment and make a payment plan.**
- Outpatient Behavioral Health Services will not enter into any dispute with your insurance carrier. Should they fail to pay, you are responsible for the unpaid balance in full thirty (30) days after you have been discharged from treatment services.
- An individual may be involuntarily discharged from treatment services for their inability to pay for services under certain circumstances. St. Agnes Hospital may turn over any outstanding bill to a collection agency if appropriate and adequate payment arrangements are not reached.
- If we can be of any assistance in helping you understand your coverage, please feel free to ask us. For questions regarding billing, please call (920) 926-4357, (920) 926-4186 or (920) 926-4359.
- A full listing of all fees within Outpatient Behavioral Health Services is posted in the waiting room and a copy can be obtained from the receptionist
- Missed sessions and those canceled without 24 hour notice shall be billed at one half the session fee. Insurance companies and medical assistance generally do not cover this fee. More than two missed appointments or cancellations with less than 24 hour notice is grounds for dismissal.

I have read and understand the above fee policy information.

SIGNATURE OF PATIENT (if under 18, parent or guardian signature)

DATE

TIME



CR-0060