

BRL: Financial Policy and Fee Schedule

As a small practice with a single provider, Blue Ridge Lyme Link, LLC is currently unable to manage the time commitment to bill insurance companies while continuing to treat patients. As a result, BRL attempts to keep costs for treatment accessible. The fee schedule is as follows:

Initial Consultation/New Patients	45 to 60 minutes	\$275
Follow-Up Visits: Complex	46 to 60 minutes	\$250
	31 to 45 minutes	\$220
Follow-Up Visits: Standard	Up to 30 minutes	\$195
Late Cancellation/No show fee		\$50

Payment for telehealth visits is due upon receipt of the invoice, which is issued the day services are rendered. Failure to pay balance on your account within 14 days will result in immediate dismissal from the practice. Payment for in person visits are due at the conclusion of the visit. (There is a 10% discount for cash payments.)

Late Cancelled Appointments and Failure to Show for Appointments:

Clinic policy requires 24 hours' notice for cancellation of any appointment. You may call our office to cancel, or you may, after hours or on weekends, leave a message in the clinic voice mail system; our voice mail is time-stamped. If cancellation of an appointment is not received on time, a \$50 late cancellation fee may be added to your account, payment of which is due before or at the time of your next scheduled appointment. Additionally, if you fail to show for a scheduled appointment, the same charge applies. Patients are provided a 10 minute grace period after their scheduled appointment time to arrive for their appointment. Patients arriving more than 10 minutes after their scheduled appointment time will be rescheduled and incur the late cancellation fee.

Please note, 3 consecutive late cancellation/no show events can result in being discharged from the practice.

Diagnostics:

There are occasions when diagnostic testing such as laboratory work may be appropriate and helpful during the course of treatment. Such tests may result in additional costs. These costs will be covered by the patient.

Please initial:

_____ I understand that Blue Ridge Lyme Link, LLC is unable to bill my insurance, but I can be provided with a receipt that allows me to file a claim with my insurance company.

_____ I have read and agree to the financial policy as stated above.

_____ I understand the terms that could lead to being discharged from care.

_____ I understand that I am responsible for any additional costs that may result from care I receive with Blue Ridge Lyme Link, LLC.

Signature

Date

Printed Name

Email