



Paperflower Psychiatry, LLC.

Financial Agreement for Ketamine-Based Treatments

Required Payment Information

- A **valid credit or debit card must be on file** for all treatment services.
- This card will be used for:
 - Treatment session fees
 - Missed appointments or late cancellations
 - Payment plan charges, if applicable
- We **do not accept** cash, checks, Venmo, Zelle, or alternative forms of payment.

Billing & Insurance

- I understand that **IM ketamine is a self-pay service** and is not billed to insurance.
- I understand that I am automatically charged the evening before my appointment.
- I understand that Paperflower Psychiatry operates as a separate entity from Find Your Shine and we charge for all medical services. We do not charge for KAP, and those expenses are to be paid directly to Find Your Shine.
- I understand that the Ketamine evaluation is a self pay service only.
- If I am receiving **Spravato (esketamine)**:
 - FYS will bill my insurance if applicable
 - I am responsible for all deductibles, co-pays, and denied charges
 - If not covered, I agree to pay the **full cash rate** for treatment

No-Show & Cancellation Policy

- I agree to provide **at least 24 hours notice** to cancel or reschedule an appointment.
- If I miss an appointment or cancel with less than 24 hours' notice, I will be charged the **full session fee**:
 - **Ketamine Evaluation:** \$250
 - **IM Ketamine Treatment:** \$300 per session
 - **Spravato Session:** \$850 per session (if self-pay)
 - **KAP with therapist:** Per contracted therapist rate (billed separately)

Refund Policy

- I understand that Paperflower Psychiatry has a **strict no-refund policy**.
- This applies to completed sessions, pre-paid packages, and unused sessions due to non-compliance, insurance changes, or treatment plan changes.
- I understand that once charged, I am agreeing to not dispute the charge with my credit card company for any reason including inefficacy of treatment, dissatisfaction or a no show fee I assumed.



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Payment Plan Terms

- If a payment plan is arranged:
 - It must be documented in writing and signed by both parties
 - Monthly payments will be **automatically charged** to the card on file
 - Missed payments will incur a **\$25 late fee**
 - Treatment may be paused until payments are current

*****By signing below, I acknowledge that I have read and agree to all financial terms outlined above. I accept full financial responsibility for my care at Paperflower Psychiatry LLC.*****

Patient's Signature: _____

Date: _____