Fortis Behavioral Health
220 Wintergreen Dr., Suite B
Lumberton, NC 28358
910-536-1719
910-668-8048

Self-pay Agreement

The estimate below is for the costs that are likely for most patients. Until an initial evaluation is complete, we will not have a clear picture of your specific diagnosis, issues and needs. Patients who receive self-pay medication management services will be seen a minimum 15 visits annually (4 weekly during the first month, then monthly thereafter) We do not carry balances between sessions and all sessions are prepaid either 24 hours before day of service with a card on file for Pay As You Grow services, or by pre-paid package which the patient has selected and paid for in advance. In some cases, a patient's issues may be more complicated, so we may need additional sessions during the time covered by this estimate. Patients may also elect to continue services beyond the 20-session time frame with the agreement of the provider.

2024 Cost of Self-pay services for Individuals:

$300.00 for the initial appointment for individuals

$200.00 for each follow-up for individuals

Prepaid Packages can be found on our website. These packages offer a significant per-appointment discount rate.

You may view these package rates at www.fortisbehavioralhealthnc.com

I understand that should I elect "Pay As You Grow" services I am required to keep a payment method on file which will be charged 24 hours prior to my scheduled appointment. Payments that are returned for insufficient funds will result in appointment cancellation and a return fee of $50.00.

I understand

I understand that if I receive medication management, I am required to return for weekly side effect and efficacy monitoring appointments for 4 weeks following the initial visit after medications are prescribed. My failure to attend these 4 scheduled sessions will result in discharge from the practice with no further refills. Appointments may be by telephone, televideo or in person.

Signature:____

Date:_________________________

Name of SIGNER:_________________________________

Relationship to patient:___________________________