



## **Office Policies and Procedures**

### **Business Hours**

Normal business hours are Monday-Wednesday from 8 a.m. to 5 p.m. Please note, that we will try to accommodate appointments as soon as possible, but we do not provide walk-in, urgent, or emergency services. If you are experiencing an emergency, please dial 911 or go directly to the Emergency Department of your choice.

Business hours may be extended or added on certain occasions. These occasions may include rescheduling timely appointments that were rescheduled due to provider illness, emergency, inclement in weather, or in advance for planned vacations or holidays. Extended business hours will only be provided at the discretion of the provider.

### **Appointments, Reminders, and No Shows**

The frequency of appointments varies from weekly (during acute exacerbations of illness or significant medication adjustments) to every 3-months (during long periods of stability). Most appointments are generally on a monthly basis for most individuals. Your provider will determine the frequency of appointments.

Attending regularly scheduled appointments is necessary to provide quality care. If you need to reschedule an appointment, a 24-hour notice is required. Non-participation in treatment as exhibited by not attending scheduled appointments or excessive cancellations or tardiness is cause for terminating the provider/patient relationship. If you do not show or fail to cancel an appointment at least 24 hours in advance for 2 consecutive appointments or 2 appointments within a 6-month period, you will be terminated from the clinic. Not receiving a reminder call is not a valid excuse for missing an appointment as it is your responsibility to keep your appointment. Reminder calls are usually made at least 24-hours prior to appointments; however, they are a courtesy service and not mandatory.

To schedule, cancel, or change an appointment, please call the office directly or send an email via the patient portal. We ask that you arrive 10-minutes early to your appointment to update forms or insurance as necessary. If you arrive late for an appointment, you may be asked to reschedule. Every attempt will be made to get you in to see your practitioner, but this will depend on the remaining patient schedule and the availability of the practitioner. Please note, that due to the nature of psychiatric/mental health appointments, arriving more than 15 minutes late, may result in the appointment considered a No Show.



### Refill Policy

Federal and State regulations do not allow providers to treat individuals without having direct contact. Therefore, medication changes and refills will only occur during **regularly scheduled appointments**. You are responsible for making sure that you do not run out of medication between visits. If you miss a visit (including visits where a 24-hour notice is provided), you are responsible for ensuring that you schedule an appointment prior to running out of medication. Running out of medication may result in dire consequences for your mental and physical health, therefore, you are highly encouraged to keep all appointments.

### Services Not Covered by Insurance

Due to various needs of patients, we are frequently inundated with requests for letters, form completion, phone calls, etc... Unfortunately, the number of requests typically requires that we spend an entire working day writing letters and completing forms. The time devoted to this cannot be billed. As such, any requests for letter or correspondence to any entity (aside from Social Security) will require a \$50 fee in advance. If the required documentation takes longer than 30 minutes to complete, you will be assessed an additional \$50 fee before the correspondence is released. This includes letters or forms for employers, academic institutions, attorneys, court systems, etc... All subpoenas will be charged a flat fee of \$1500 and \$150 per hour after the first hour of court, regardless of wait time.

### Financial Policies

Although we contract with insurance companies, you are ultimately responsible for the costs of services provided. We will make reasonable efforts to bill and collect from your insurance; however, it is your responsibility to verify that your policy is active and your visits to the clinic will be covered, before services are provided. In the event that your insurance does not pay for a service, it is your responsibility to pay the outstanding balance. Any disputes about coverage and payment must be made directly to your insurance carrier.

Outstanding balances must be paid within 30-days. Any balances over 30-days will be subject to a 15% APR late fee. Balances older than 90-days will be sent to collections and result in dismissal from the clinic.

In an effort to reduce accruing expenses, full payment (copay, deductible, etc...) is due at time of service. Accepted forms of payment include cash, check (\$35 fee for NSF checks or returned payment), money order, or credit cards (additional \$2.50 processing fee applies).



### Self-pay Fee Schedule

New Patient Psychiatric Evaluation- \$325

Follow-up visit- \$150

Self-pay individuals may opt to pay 50% at the time of service and pay the remaining balance prior to the next appointment but no later than 30-days from the date of service. A 25% discount will be applied if the balance is paid in full at time of service.

### Records Requests

When requesting copies of your records, please allow a minimum of 10-business days to prepare your request for pick-up. A completed Release of Information (ROI) form is required prior to records being prepared or released. Please be advised that psychotherapy process notes cannot be released. Fees for records are \$30 for the first 15 pages and \$0.25 per page thereafter.

### Patient Termination Policy

Although it is an infrequent occurrence, a provider/patient relationship may be terminated at any time. Reasons for termination include, but are not limited to: failing to provide or omit relevant information needed for adequate care, chronic noncompliance with recommended treatment, violation of clinic policies, or failure to pay. In the event of termination due to the aforementioned or similar reasons, you will be provided with a 30-day written notice. Immediate termination is rare and will generally only occur in the event of abusive, threatening, or manipulative behavior (by you or those accompanying you) towards staff, practitioners, visitors or other patients.

### Patient Feedback Policy

We highly encourage your feedback, both positive and negative. Your feedback and suggestions are very important to us as we strive to provide high-quality care in a safe and welcoming environment for all. If you feel you have experienced a negative occurrence, please let us know so that we may address the issue in a timely manner.

By signing below, I agree to and understand the policies discussed above,

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Patient or Guardian Printed Name and Signature

Date