

## **PRACTICE POLICIES of DANBURY PSYCHIATRY CONSULTANTS**

### **Billing and Payments:**

In general, our office is a point of service practice. You will be requested to remit your copay/coinsurance/deductible or the full office self-pay fee at the time of each visit.

Deductible and co-insurance rates are based on the time spent with the provider, which may differ from the scheduled time based on need. A late fee of \$10 will be added to any copay fee not paid at the time of the appointment. Please notify us immediately of any changes in your insurance, including copay changes or if you are responsible for meeting a deductible prior to insurance reimbursement. Please also tell us of any HSA/HRA arrangements. It is your responsibility to check your mental health benefits with your insurance carrier prior to your initial visit. All balances with any Danbury Psychiatry Consultants provider that are the responsibility of the patient should be paid in full at the time of or prior to the next appointment.

We accept cash, debit or credit card, or on-line banking payments. The only exception is an HSA checking account. Any checks returned by the bank for non-payment will be charge a \$30 fee and subsequent payments must be made in cash or debit/credit card. We do ask that you keep a credit card authorization on file, to be used if your balance is more that 60 days past due. You will be informed before the card on file is used.

Please keep your account balance current.

### **Appointments and Cancellations:**

To avoid a broken or missed appointment fee, you must notify the office at least 24 hours prior to the appointment of any need to cancel or reschedule. Please be advised that insurance does not cover missed or cancelled appointments: therefore you are responsible for the full cost of the missed session.

**The NO SHOW fee and the LATE CANCELLATION fee for the provider is \$75 or \$150: \$75 if the appointment was schedule for 15 minutes; \$150 if the appointment was scheduled for 30 minutes or more.**

Except in cases of emergency, such as but not limited to, unsafe weather conditions, illness, or hospital stay, the no show fee is charged and must be paid prior to the next appointment. Even in cases of emergency, the courtesy of a phone call as soon as possible is expected.

### **Insurance Information:**

A valid insurance card is to be available to the office staff at each visit. Your information will be reviewed at each visit and the card may be requested. It is always required on a first visit. Please inform us immediately of any changes in your insurance prior to your next scheduled visit. This will facilitate the documentation of your plan's coverage and charges. If changes are not learned prior to a visit, you may be charged for the full service rate allowed by your policy at that visit. We do not bill visits to insurance companies retroactively. As a courtesy to you, we will bill insurance company for current services if we are a participating provider. However, if claims are denied for any reason, you will be responsible for the full session fee.

When you check your mental health benefits with your insurance carrier, please ask if they require prior authorization for your visits with the doctor. Failure to get prior authorization will result in denial of your claim by your insurance company, and you will be responsible for the balance.

### **Prescriptions/Medications:**

In order to receive the maximum benefit from your treatment, please keep your appointments and handle your medications appropriately. If you are doing well and are an established patient, the maximum allowable time between visits in order to receive prescriptions will be six months without exception, monthly or quarterly appointments are usual. Should you require closer monitoring, you will be seen more frequently and as needed.

We do not mail or fax prescriptions. Mail order pharmacy prescriptions are your sole responsibility. If you are using a mail order pharmacy, please remember to allow sufficient time for mailing, processing, and being returned to you. Should your local or mail order pharmacy request a pre-authorization of your prescriptions, please allow seven (7) business days. We do not give samples to last until medications are delivered.

Sample medications are only given to patients when beginning a new medication. We do not provide sample maintenance medication.

Please safeguard your prescriptions and medications. Duplicate prescriptions are issued at the sole discretion of the physician. If medication is lost or misplaced, we will NOT replace it with sample medication. Please be aware that insurances will not cover the cost of replacing medication and you may be charged the full cost of medication at the pharmacy.

We do NOT issue refills at the request of the pharmacy. If you need medication assistance, please call the office. The staff will alert your physician and request his/her response. We require at least 48 hours to process medication refill requests. Requests received after 3:00pm Friday will be addressed the following week. Written prescriptions must be picked up during schedule office hours. We do not accommodate walk-in requests for medication or prescriptions, although we will certainly take your notes and alert your physician.

### **Evening and Weekend Coverage:**

If there is any concern regarding the safety of oneself or others, please contact the emergency room at your nearest hospital or dial 911 immediately. For medication questions, call your pharmacy.

### **Forms and Letters:**

Written reports and letters will be subject to a separate fee based on length and complexity. You will be charged for time and processing. Please allow 3-4 business days for the request to be processed. Medical records will be sent upon written request, but there is a per page fee – as set by CT Law.

### **Red Flags Rule:**

Medical identity theft is a real concern and one DPC works hard to avoid. To protect you, we will copy a picture ID when you first register with us, as well as take an actual picture to be placed in your chart. Your picture may be retaken periodically for placement in your chart. We also pledge to protect the privacy of your personal health information.

### **General:**

Please be considerate of our staff and other patients. Please be sure cell phones are turned off when in our office. Please step outside the building if it is necessary to have a cell phone conversation.

Please do not smoke in our office and in this building. Thank you.

## PATIENT – DOCTOR CONTRACT

There are expectations and obligations that need to be understood and observed in the doctor-patient relationship. On both sides, courtesy is to be extended in return.

### DOCTOR:

- Honor patient confidentiality.
- Adhere to appointment schedule as much as possible, realizing that emergencies arise that may require more time with some patients.
- Monitor medication treatment and adjust as situations change and/or appropriate product information comes available.
- Return calls – either personally or via administrative staff – to answer concerns about medical status. This is usually within 24-48 hours.
- Prescriptions are written as a result of appointments. The only exceptions are for very short term extensions to accommodate a necessary appointment schedule change that results in running out of medication. Such extensions are made once and measured in days, not weeks or months. Extensions may not be repeated.

### PATIENT:

- Danbury Psychiatry Consultants run by appointments; it is not a drop-in office. Efforts will be made to accommodate need and last minute cancellations are available for re-assignment, but appointments are necessary.
- Make appointments on the recommended schedule.
- Keep those appointments, or re-schedule close to the original date to deal with unexpected events.
- Medication is only prescribed at appointments; establishing the correct regimen is a key part of those visits.
- Do not cancel appointments and then request refills.
- If patient wishes to try a new medication, patient needs to mention this at the appointment time, not between visits by telephone.
- Observe the Office Policies.

**Thank you for your full attention and the privilege of participating in your care!**