



3201 Hallmark Court
Saginaw, MI 48603
Phone: 989-790-5990
Fax: 989-790-5991

OFFICE POLICY STATEMENT

APPOINTMENTS: Providers are seen by appointment only. If an appointment is not originally available at a time that you prefer, we have a waiting list and will attempt to get you scheduled sooner. Reminder calls are made as a courtesy but it is your responsibility to keep track of your appointments as scheduled. Please be prompt to best use the time reserved for you. Sessions cannot be extended if you arrive late.

CANCELLATIONS AND NO SHOWS: We require 24 hours advanced notice for cancellations for any non-emergency reason. (You may leave a message on the answering machine). This policy makes it possible for other patients who are on the waiting list to make use of your cancelled appointment time. Failure to give 24 hours' notice will result in a **\$100 late cancellation fee**--unless cancellations are because of hazardous driving conditions (snow and ice), contagious illnesses or other reasonable emergencies. Failure to show up for your scheduled appointment, will result in a **\$100 no show fee**. Both of these fees will be added to your account and may not be billed to your insurance.

PAYMENTS: Charges differ depending on the nature of the service delivered. Payment for the appointment fee and any ancillary charges are expected at the time of service, except for those with insurance coverage. We accept checks and credit or debit cards. **Any collection**, legal fees, or costs necessary to collect unpaid balances will be your responsibility. Substantially overdue accounts will be sent to a collection agency after a warning letter.

FEES: Initial Psychiatric Evaluation, \$260; subsequent Medication Reviews, \$125 (with Insurance Companies paying their allowable amounts). The following are not billable to Insurance and must be paid at the time of completion:

TELEPHONE ACCESS: For non-urgent matters, please call during business hours, Monday-Friday from 8:30AM to 5:30PM. If you have an emergency and it is after business hours, please call 911 or go to the nearest hospital emergency room (ER). You may also leave a voicemail for us if you wish—with your name, phone number and reason for calling. Although we will not receive it until the opening of the next business day, we will return your call as soon as possible.

CONFIDENTIALITY: You should have received a copy of our privacy practices. We maintain a record of your treatment. You have certain rights with regards to accessing that

record. Please direct your inquiries about access to your records to us. All issues discussed in the course of therapy are strictly confidential with the following exceptions:

1. Consultation with other current health care providers, if pertinent to treatment.
2. Instances where the patient may be an imminent threat to self or others, unable to take care of basic needs or in cases of suspected child or elder abuse.
3. When ordered by a court.
4. Some treatment information such as name, diagnosis, date of service and charge is routinely given to your insurance company to facilitate reimbursement. Some companies request additional information for treatment authorization.

I HAVE READ AND AGREE TO THE ABOVE.

Patient Signature

Date

Parent/Guardian/Legal Representative Signature

Date

Witness Signature

Date