



3201 Hallmark Court  
Saginaw, MI 48603  
Phone: 989-790-5990  
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## **OFFICE POLICY STATEMENT**

### **APPOINTMENTS**

Providers are seen by appointment only. Reminder calls are made as a courtesy, it is ultimately your responsibility to keep track of your appointments as scheduled. Please be prompt to best use the time reserved for you. If you are more than five minutes late to your scheduled appointment, you will be required to reschedule, as we cannot extend sessions if you arrive late.

### **CANCELLATIONS AND NO-SHOWS**

It is your responsibility to keep your appointment as scheduled. You may cancel or reschedule your appointment with at least a 24 hours advanced notice. Three no-shows in a calendar year will result in discharge from the practice.

### **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 check, cash 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, \$150 (with Insurance Companies paying their allowable amounts).

### **PAPERWORK**

For paperwork you require completed, there is a fee of \$10.00 per page. Any paperwork will not be completed until you have been established as a patient for at least 6 months.

## **REFILLS**

Please contact your pharmacy to initiate refill requests for any non-controlled medications. They will contact our office directly if they require further action. For any controlled medications, please contact our refill line. You may leave a message with the patient's name, date of birth, call back number, medication name, and pharmacy. Please allow up to 48 hours/two business days, for these to be processed. (Messages left Friday-Sunday may not be processed until Wednesday). It is the patient's responsibility to ensure that they do not run out of medication. A partial refill may be appropriate if your medication management appointment is less than a month away from your refill date.

## **PRIOR AUTHORIZATIONS**

Prior authorizations are initiated when your prescription is denied at the pharmacy. The pharmacy will contact the office with a request to start the prior authorization process. We will fill out the corresponding form and send any and all necessary documents to your insurance company. They require 72 hours processing time. We will contact the patient once we receive a response from the insurance company.

## **MEDICATION CHANGES**

All controlled medications will be maintained for 1 month, or until the current script expires, before any changes will be made.

## **MANDATORY RANDOM DRUG TESTING**

As a result of new FDA standards, we will be requiring mandatory random drug testing. This change is effective immediately for all patients. Should you decline testing, you may be subject to dismissal from the practice.

## **GENETIC TESTING**

Genetic testing is a painless process that shows how you metabolize certain types of medications. This allows the provider to see what medications will work the best for you. Should you wish to have genetic testing performed, please speak with your provider.

**TELEPHONE ACCESS**

For non-urgent matters, please call during business hours, Monday- Thursday from 9:00AM to 5:30PM, and Friday 9:00AM to 2:30PM. 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.

**CHANGES OF INSURANCE**

If you have had a change of insurance since your last appointment, it would be in your best interest to contact our office prior to your next visit, as not all providers participate with the same insurances. As a result, you may be asked to reschedule with a provider who can accept your insurance. At the time of your appointment you must bring a copy of your insurance card and ID, so that we may update your file. If you fail to notify the front desk, or provide documentation of the insurance change, you will be responsible for the appointment fees as previously mentioned. This includes Medicaid patients.

**I HAVE READ AND AGREE TO THE ABOVE.**

_____	_____
Patient Signature	Date
_____	_____
Parent/Guardian/Legal Representative Signature	Date
_____	_____
Witness Signature	Date