

Client Information and Office Policies

Welcome to Meadowlark Psychiatric Services. We are glad you chose to receive care from us. We will treat you in a professional, courteous and timely manner. If you are pleased with the care you receive in our office, the highest compliment you can give is to refer your friends and family.

Confidentiality: Your confidentiality is one of our highest priorities. We are required by law to provide you a copy of specific privacy policies. These policies were enacted under the legislation called HIPAA which stands for *Health Insurance Portability and Accountability Act*. At your first visit, you will be offered a copy of our HIPAA brochure that explains our privacy policies in detail.

Insurance Payments: It is your responsibility to know who administrates your mental health benefits and you're your mental health benefits are under your insurance policy. **Please contact your insurance company for authorization to receive treatment.** Insurance companies often require *preauthorization* for mental health related services. As a courtesy, we will make reasonable attempts to get authorization for your services through your insurance company. However, it is your responsibility to make sure you have authorization for your services through your insurance company. Insurance companies will often deny payment for services because there is not a preauthorization for the service. **You will be responsible for payment of all services that are not paid by your insurance company, including denials for no preauthorization.**

Payment of Services: You are responsible for the timely payment of all services rendered, even if health insurance will pay for a portion of the charges. It is our policy that the person who seeks treatment is responsible for payment of those services. Our policy is to charge \$25.00 for any returned check. This charge will be included on your statement at the end of the month. Accounts with balances that are 90 days or older will be sent to a collection agency. Payment plans are available upon request.

Scheduling and Keeping Appointments: If you are unable to keep an appointment for any reason, please call us as soon as possible. **Appointments not kept and not cancelled by closing the day before the appointment, will be assessed a "No Show Charge" of \$65. After two missed appointments or late cancellations, action may be taken to terminate care.** Keeping appointments is an important part of treatment as well as a necessary business practice. We will not charge for late cancellations due to weather.

Release of Information: Information will not be released without a signed release of information. Please ask the front desk for a release for any individual or agency that you would like involved in your care. Any paperwork or correspondence that you need completed will require a signed release of information.

Prescription Refills: We require **72 hours** advance notice to call in prescriptions with no refills remaining and for writing scripts for controlled substances. If you have refills, please contact your pharmacy to request a refill.

Forms and Paperwork/Attorney Work: We charge for forms and paperwork/attorney work. Our primary business is to provide psychiatric care to our clients. Requests to handle forms and paperwork/legal matters take away from this responsibility. There will be fees associated with this work including but not limited to; attorney correspondence, interviews, depositions, copies of records, subpoenas, all office time, FMLA paperwork, insurance forms, clinician and physician time. We will not charge for medical records sent to physicians, hospitals and other clinicians.

Emergency/After Hours: If you have an emergency need for a physician after hours, please go to the nearest emergency room, or call 911. If you have an urgent need for a physician after hours, please listen to the entire voicemail. It will have options for you. Also communicate with your physician at your appointment how they handle after hours needs as they do differ.

Signing below indicates that I have read, understand and agree to the policies in this document.

Signed: _____ Date: _____