

## NORTH POINTE PSYCHIATRY, PA OFFICE POLICIES

### Appointments:

- Our office hours are 09:00am to 5:00pm Monday through Friday. Patient appointments are scheduled by calling during regular office hours.

### Financial Policy:

- Payment is due at time of service by cash/check or credit card.
- Patients are responsible for their copayments and/or deductibles at the time services are rendered for patients on Preferred Provider Plans (PPO $\$$ ) or Health Maintenance Organizations (HMO $\$$ ).
- A statement will be mailed on a monthly basis and will reflect the current balance for all services rendered prior to the date on the statement. Payment is due upon receipt of statement.

### Insurance:

- Your insurance policy is a contract between you and your insurance company; therefore, we cannot guarantee payment of your claims or accept responsibility of negotiating claims with insurance companies or other persons.
- ***In the event of denials, errors, or non covered services, the patient is responsible for all services rendered.*** If payment from your insurance carrier is not received within forty five (45) days, we will seek full payment from you. Balance of services that are delayed or denied by your insurance company due to Coordination of Benefits information will become your responsibility after thirty (30) days.
- The North Pointe Psychiatry, PA and its employees do not guarantee that payment will be authorized for medical services; therefore, this office is not responsible for any adverse payment decisions or misuse of information.
- Notification of any change in your insurance status (i.e. new company, deductible, co pay amounts) must be provided to the office forty-eight (48) hours in advance of next visit, or payment in full will be required.

### Miscellaneous Charges:

- Fees for medical records are \$50.00 for the first 20 pages and \$.50 for each page thereafter and may take up to 15 business days to obtain. Report preparation (Letters to employer, school and disability forms) are 50\$ and up based on the time involved. These fees are not covered by insurance and are payable at the time services are rendered.
- Any returned checks are subject to a \$30 service fee. Any returned check must be resolved before any future appointments can be arranged.
- ***If you do not cancel your appointment 48 hours in advance, our policy is to charge the rate of \$50.00 and is payable prior to future visits.*** These will not be billed to your insurance company. Please help us to serve you better by keeping your scheduled appointments or canceling in advance.

### Refill Requests / Messages:

- All requests for prescription refills must be made 48 hours in advance.
- Any phone messages left after 3:00pm will be returned the next business day.

### Emergency Situations / After Office Hours:

- Medication refills are only addressed during office hours.
- In an emergency, call 911 or go directly to the nearest emergency room.

Thank you for understanding our office policy. This has become necessary in order to accept insurance plans without having patients pay the balance up front and then wait themselves for reimbursement from their insurance company. Our goal is to make your visit with us pleasant and professional. If you have any questions, please feel free to ask our staff for assistance. Thank you for choosing us for your care.

**I have read and understand the Office Policy, and I agree to be bound by its terms. I also understand and agree that such terms may be amended from time to time by the practice.**

\_\_\_\_\_  
Patient Name (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Patient/Parent/Guardian/Representative

\_\_\_\_\_  
Relationship to patient