

University Psychiatric Practice, Inc.
Center for Advanced Psychiatry
Office Policies – Effective 5/1/17

Welcome to our practice. To minimize the risk of misunderstanding we offer the following explanations:

APPOINTMENTS

Please arrive **15 minutes prior to all appointments** to allow sufficient time for staff to review insurance, discuss copays/co-insurance, review paperwork, balances, etc.

CANCELLATIONS

Require 48 hour notice if you must cancel **NEW** appointment, otherwise:

- **\$200 charge** will be put on account, **must be paid in order to reschedule.**

Require **24 hour notice** if you must cancel a **follow up appointment**, otherwise:

- **\$50-\$100 charge** will be put on account depending on the length of appointment scheduled.

NO SHOWS

- **\$200 charge** on **NEW** appointments (**MUST BE PAID IN ORDER TO RESCHEDULE**).
- **\$90 charge** on follow up appointments

LATENESS

- Beyond half of the scheduled appointment time will be considered a late cancellation.

MINORS (under age 18) **MUST be accompanied to medication appointments by a parent or legal guardian.**

If a minor shows without appropriate guardian, session will be **CANCELLED**

\$90 charge will be put on account, must be paid in order to reschedule.

PRESCRIPTIONS: There may be times when you need medication refills prior to your next appointment

Notify us at least 3 business days before refill is needed; otherwise will result in a \$25 charge on account.

Notification messages should be left on Rx refill extension, then check with your pharmacy.

Calls, faxes or electronic requests from pharmacy will not be honored; YOU must contact office directly.

INSURANCE: Please bring a copy of your insurance card and photo ID to appointment.

- Copays & co-insurance **MUST** be paid at time of service per your insurance contract
- Mental health coverage varies per insurance carrier, we advise you to review prior to being seen.

- **High Deductible Plans:** We require **\$75 at time of service**

If your provider **does not par** with your insurance-**private pay rates apply and payment in full is due at time of service.** As a courtesy, we will submit your **paid** claim to your insurance; any reimbursement will be sent to you.

Please inform staff if you have financial concerns and we will try to arrange a payment plan.

DOCUMENT/RECORD FEES: An appointment is required regarding most requests

Charges may vary according to complexity and the amount of time required for document completion

- **\$25 charge** for uncomplicated letters or forms
- **Prorated charge** at providers discretion for more complex forms or multiple page letters

EMERGENCIES:

There is a psychiatrist on call after office hours – contact **(716) 835-1246** to reach answering service personnel. For telephone time there will be a fee of \$50 per 15 minutes of time spent

If on call provider not immediately available, then you are advised to contact **Crisis Services 834-3131 (Erie County)**

Or **285-3515 (Niagara Cty)**, **Spectrum Cares 882-4357** (for children & adolescents) or **go to nearest ER.**

MAIN REASONS WHY WE MIGHT DISCONTINUE YOUR TREATMENT

- **Providing false information**
- **Nonpayment of services rendered**
- **Uncooperative with treatment recommendations**
- **Misuse of medication prescribed**
- **Frequent cancellations or No Shows**

By signing below you are in agreement with terms and conditions as stated above:

Signature of Patient/Personal Representative (if a minor)

(Date)

Printed Name of Patient/Personal Representative

