



HARMONY UNITED PSYCHIATRIC CARE


MINOR OR ADULT GUARDIAN

Acknowledgement of Receipt of Office Policies

I have received a copy of and read the Office Policies and I am aware of the service charges that Client will incur for appointments that are missed or appointments that are cancelled less than 24 hours before a scheduled appointment OR less than 48 hours (or 2 business days) prior to a scheduled Neuropsychological Testing appointment.

I understand that failure to comply with these policies may result in termination of my care. I understand and accept that these policies are subject to change from time to time. It is my responsibility to obtain most up to date office policies and/or to make myself aware of the current policies in the lobby area of offices of Harmony United Psychiatric Care.

I understand and accept the Office Policies. Furthermore, I also accept that I will make myself aware of updates to office policies in the future.

Initials of Parent / Guardian:  _____



MINOR OR ADULT GUARDIAN

Office Policies - Effective March 16, 2020

New Client Appointments: There is a \$100 fee charged for missed appointments or cancellations that occur less than 24 hours (or 1 business day) prior to the set appointment time.*

This fee must be paid, or an acceptable payment arrangement must be made prior to scheduling another appointment. The payment arrangement will be determined on a client to client basis. Failure or Refusal to pay will result in termination of care.

Established Client Appointments: There is a \$50 fee charged for missed appointments or cancellations less than 24 hours (or 1 business day) prior to set appointment time.

** Please note: No-Show fee for neuropsychological testing is different from these appointments, please refer to **NEUROPSYCHOLOGICAL TESTING** missed appointment charges below.*

This must be paid, or an acceptable payment arrangement must be made prior to scheduling another appointment. The payment arrangement will be determined on a client to client basis. Failure or Refusal to pay will result in termination of care.

Please know that we value our relationship with the Client, and we have set aside a specific appointment just for Client. While we understand that situations occur which may prohibit Client from making it to Client's scheduled appointment, please know that there is still a cost incurred by our practice even when Client doesn't come. There is a loss of time for the provider Client was to see, along with the continuation of maintaining staff and building maintenance/utilities. For this reason, we have a missed/cancellation fee in place as part of our office policy directives.

No Walk-In-Visits: If Client has missed or failed to schedule a return visit Client will not be seen as a Walk-In patient. Due to the high volume of patients, as well as the inconvenience this may cause clients that are already scheduled, we are unable to accommodate clients that just walk in the office. Therefore, we request that you schedule an appointment with the provider Client would like to see.

In case of an emergency please CALL 911 or go to the nearest emergency room available to you.

Prescription Refills: Prescription refills or requests must have a follow up appointment. You are responsible to keep track of Client's medications and request refills during Client's scheduled appointment with the provider.

Controlled Medications: (Narcotics/Benzodiazepines/Stimulants/Hypnotics): If Client is prescribed a controlled substance and you misplace the written prescription and/or the medication itself, you will not be given another prescription until Client is due. It is the Client's or Parent's or Guardian's responsibility to keep medications in a safe place. If Client take more than is prescribed, and you do not discuss this matter with the physician/ARNP/PA, you will not be granted an early refill without an appointment. If it is found that your prescribed medication is being abused this could



result in immediate termination of care. The state of Florida follows all controlled substance medications in a secure website called E-FORCSE. Harmony United Psychiatric Care does check on clients to see what controlled substances are prescribed. If it is found that Client is being prescribed the same controlled medication from another provider this will be cause for termination of care.

Paperwork: Forms for Disability, FMLA and other paperwork that need to be completed by our office will have a fee of \$50 to \$250 depending on the complexity and time required to complete the paperwork. These services are not covered by insurance. Therefore, Florida Statutes permits imposing a fee for these types of services to be fulfilled. This fee must be paid by the client prior to completion of the paperwork.

Insurance: It is the Client's responsibility to know Client's insurance coverage. All services rendered that are not covered by the insurance will be Client's responsibility for payment in full.

Balance/Payment: Payment is due at the time of service. It is the client's responsibility to keep their account in good standing. If there is a balance, this should be paid in full or an acceptable payment plan must be made with the billing office. The payment plan will be approved on a client by client basis. Failure to keep the Client's account in good standing can result in termination of care.

The billing office number is 352-504-0652.

Returned Checks: Returned checks will result in a fee of \$35, plus the current balance due amount. This must be paid prior to any future appointments being scheduled or an approved payment arrangement must be made with the Billing Department. The payment arrangement will be decided on a client to client basis. Harmony United has the right to refuse future checks from those clients.

Medical Records: Medical Records will be released with a completed HIPAA (Health Insurance Portability and Accountability Act) compliant medical record release form. There will be a fee charged for paper or electronic copies of medical records provided directly to the patient or to governmental or non-governmental entities. Fees will be charged as below:

- Records requested by someone other than the patient (Non-Governmental): Paper records will be charged \$1.00 per page; Sales Tax and Actual Postage will be charged additionally
- Records Requested by the patient or governmental entities: Records will be charged \$1.00 per page for the first 25 pages. For each page in excess of 25 pages there will be charged \$0.25 per page. The cost of reproducing non-written records such as X-Rays will be charged at the actual cost to make the reproduction.
- There is no charge for medical records that are being sent to a healthcare provider when arranging transition of care or related to communications between healthcare providers.

Phone Visits or Provider Call Back Services:

Telephone communication with our office staff regarding any aspect of Client's care (insurance, billing, medication refills, questions related to side effects of medications, prior authorization requests, medical records, any other paperwork request, etc.) is free of charge.



Although, in most cases where our office staff needs to communicate with Client's healthcare provider in our practice to get answers to your questions we typically do not charge for these services.

However, if Client is an established client of our practice and you (or Client's family members) would like to request to speak with the provider over the phone directly to discuss Client's mental health condition, discuss Client's medications, to seek medical advice, or discussion about any aspect of Client's care, then these phone services are billable provider time.

For Clients with Insurance: Phone services will be billed to the insurance carrier. Please be aware that if Client has any co-pay, coinsurance or deductible with the insurance plan then it will be applicable to these phone visits in a similar fashion as they would to Client's regular office visit.

For Self -Pay Clients: There will be a charge for every returned call by provider, billed at a rate of \$25 (twenty-five) for 5 mins. The calls will be billed in 5-minute increments.

Clients without insurance coverage must pay a "self-pay" fee at the time of service. Also, a \$100 deposit will be collected before Client's first visit is scheduled, that can be refunded at the end of the treatments if the balance is paid.

The fee schedule for self-pay clients is as follows:

Medication Management:

- New Client - initial psychiatric evaluation for medication management - \$300
- Established Client- Follow Up Appointments - \$150 per visit.

Psychotherapy/Counseling: Including: Individual and Couples/Marriage Counseling

- New Client- Initial psychiatric evaluation for psychotherapy/counseling is \$200.
- Established Client- Follow Up Psychotherapy Appointments is \$150 per session.
- For Marriage/Couples counseling - the first visit with the therapist must be individual sessions for each client and then follow up visits will include both clients seeing the therapist as a couple during the same session.

NEUROPSYCHOLOGICAL TESTING:

Testing for ADHD/Dementia/TBI/Autism Spectrum Disorder, etc.

The Evaluation will be conducted in two to three parts. The Initial Appointment will take up to three (3) hours. The follow-up appointment will be for two (2) hours for test interpretation and any additional follow-up visit will be scheduled if recommended by the Provider.



Missed Appointment Policy: There is a \$150 fee charged for any New or Follow-Up testing missed appointment or cancellations that occur less than 48 hours (or 2 business days) prior to the set appointment time. The Missed Appointment fee must be paid, or an acceptable payment arrangement must be made prior to scheduling another appointment. The payment arrangement will be determined on a client by client basis. Failure or refusal to pay the fee will result in termination of care.

Insured Patients

- An Advance Deposit of \$200 is required before scheduling your testing appointment, from which \$50 will be used to cover the cost of testing materials.
- Any Missed Appointment fees incurred by Client will be deducted from the Advanced Deposit.
- Any remaining balance of the Advance Deposit will be refunded to the Client upon completion of the testing.

Neurocognitive Testing

- The Initial Neurocognitive Test is scheduled in the Clinic office or the test can be sent to the Client to complete On-line. The charge is \$150.00 for one hour (in Clinic testing) and the cost is the same for on-line testing. The cost of testing is not covered by insurance.

The testing result interpretation will be part of the Client's next scheduled follow-up visit, which is billed to their insurance.

Self-Pay Patients

- The Testing Fee for the Evaluation is \$900, which includes up to 6 hours of time for the evaluation, generating the report, and cost of testing materials. However, if additional time is required then it will be billed at \$150 per additional hour.
- An Advance Deposit of \$300 is required before scheduling the testing appointment. Testing Fees will be applied to the Advance Deposit.
- Any Missed Appointment fees incurred will be deducted from the Advanced Deposit.