

## **ADVANCED PSYCH SERVICES OFFICE POLICIES**

### **THANK YOU FOR CHOOSING ADVANCED PSYCH SERVICES (APS)**

We would like to welcome you as a patient, and we appreciate the opportunity to care for your behavioral health needs. The following is an outline of our office policies. Please read carefully and sign at the end of the document. If you have any questions, please ask the office staff for more information. If you would like a printed copy of this policy, please ask one of our staff members.

#### **1- Appointments**

We know that your time is very valuable and we make every effort to see our patients at their scheduled time. In the event that you need to cancel or reschedule your appointment, we request 24-hour's notice. If reception staff is not available to answer your call, please leave a voicemail and your cancellation will be documented. We are aware that unforeseen events sometimes occur and require missing an appointment. However, after missing your third appointment in a calendar year without notifying us 24 hours in advance, or if you miss your first scheduled appointment with any provider, you are subject to being terminated from our practice. Occasionally, due to unforeseen circumstances, we might have to cancel your appointment on the same day. You will be contacted as soon as we are aware that an appointment must be cancelled. If one or more calendar years elapse without being seen, your status with our practice will be set to inactive. If you do wish to re-activate your status, we kindly ask you to speak with our intake department to do so. Any previous balances must be paid prior to scheduling a new appointment and we cannot guarantee that we will have availability for you to be seen.

#### **2- Walk-Ins**

Due to the high volume of patients cared for by our practice, it is very difficult for our staff to interrupt the flow of the office by trying to accommodate patients who "walk-in" without a scheduled appointment. We respectfully request that if you have a question, need a refill or samples, or otherwise need to speak with one of our staff members or providers that you call our main office line and, if necessary, leave a message on the appropriate voicemail. Phone calls are answered in a timely fashion in the order in which they were received. If you feel that you have a medical emergency and cannot wait to be called back, we ask that you go to the nearest Emergency Room for evaluation. Patients without a scheduled appointment will not be seen, but will be given the next available appointment.

#### **3- Late Arrival**

We encourage patients to arrive at least 10 minutes before their scheduled appointment time for us to complete our check in process as you might be asked to verify your insurance or fill in our electronic check in system called "Phreesia". If you arrive more than 15 minutes after your scheduled appointment, it will be considered a missed appointment and you will be asked to reschedule. You may also be charged a fee for being late as well, and therefore missing your appointment.

#### **4- Office and Building Rules**

We expect you to respect all staff members, providers and building rules. We have a zero tolerance policy for any disrespectful or aggressive behavior and reserve the right to terminate your treatment based on misconduct. If you have a complaint or issue, please request to speak with a member of our management team. Smoking is prohibited in the entire building as well as within 50 feet from the entrance, as determined by the building owner. For your safety, we ask you to stay inside our office while waiting for your ride. Waiting in the hallway or the building lobby is strictly prohibited. Patients who are not in compliance with this policy are subject to termination. Additionally, cell phone use is prohibited while in our office in order to prevent unnecessary commotion and disruption to our office staff. If you need to use your phone, please step outside the office and be aware that you are expected to be in the waiting room when your provider is able to begin your appointment.

#### **5- Emergency Visits & Calls:**

We are not an emergency facility, but make every effort to accommodate appointments of an urgent nature. For life threatening or emergency events, you are asked to call 911 or visit the nearest hospital emergency room.

For urgent calls to your provider, you can leave a message through the reception staff, and the provider or responsible party will contact you as soon as they are able.

#### **6- Prescriptions:**

**We do not accept walk in requests for refills. Please call or email our refill department to request your medication.**

Please remember to allow **48 business hours for your refill request** to be processed. If you do not leave all the required information for your request, your request may take additional time. When calling for a prescription refill, your call will be handled in the order in which it was received. Please speak slowly and clearly and provide the following information:

- **Patient's first and last name and date of birth**
- **Prescriber's name**
- **Medication being requested and dosage**
- **Pharmacy name and location (city and street)**
- **Phone number where you can be reached for any questions**

#### **Controlled medications:**

Some state or federally regulated medications cannot be called or faxed into the pharmacy and must be picked up in our office. You will be contacted when these prescriptions are ready to be picked up.

**These medications are only prescribed after regular appointments with your prescriber. If you do not have a scheduled appointment, only a 4 day supply will be allowed until you are evaluated by the prescriber.**

- You are responsible for the safe keeping of your medications and prescriptions once they are provided to you. If the medication or prescription gets lost or stolen, we do not provide replacements until the medication is due to be refilled.

- Stimulant medications are only prescribed for a period of 28 days. Please do not request early refills on these medications as they will be denied.
- Failure to comply with the above policies might result in immediate termination of care at APS.

We do not call back patients for medication requests unless there is a problem. Please contact your pharmacy to see if the prescription has been sent in.

## **7- Patient Portal**

As of September 2014, we have implemented an online patient portal for use by our clients. You may access your appointment times and communicate with us electronically by signing up for this online web based patient portal system. Please see one of our staff members for more information.

## **8- Medical Records and Correspondence**

Before we can process any medical record request, a release form must be signed by the patient or legal guardian and provided to our staff. All release form fields should be filled out in order for us to process promptly. A medical release is valid only for one year unless stated otherwise. We work hard to process all requests as soon as possible, and they are reviewed based on the date and the order in which they were received. Some letters might take up to three business days to be prepared, signed, and ready to be picked up. Other official forms and record requests may take up to four weeks to be processed. Some letters and forms are required to be completed during a scheduled office visit. A fee might be applicable to process your request, please see our staff for more information.

## **9- Insurance, Payment and Billing Policies**

Our billing is contracted with billing specialists at **Complete Billing Solutions**. Please contact our billing agency representative with any questions at 508-753-3220 Option 7. At times, you may be asked to clarify insurance issues such as non-coverage or mismatching information. Please remember that it is your responsibility to provide accurate health insurance information and to be familiar with the mental health/substance abuse service benefits of your plan.

- Health Insurance Identification Card:** May be requested at each visit and is required for your first visit. Any change in health coverage or information must be reported to the receptionist or the Billing staff representative at the time the new coverage begins. Please remember to present your new health insurance card at the time of service. If we do not receive this new information and we are unable to bill the correct insurance company, you will be responsible for paying our self-pay rate for your visit.
- Any balance not covered by insurance,** which is recognized to be a **client responsibility**, including co-payments, co-insurance, and deductibles, must be paid by the client or responsible party at the time of service.
- Co-Payments,** Deductibles or any other balances are due at the time of service and will be collected by the receptionist at the time of check-in. If we are not able to

determine your deductible, you will be billed for this amount after the claim is received from your insurance company and are expected to pay prior to or on the day of your next visit. If you are not sure of your co-payment requirements, please call your insurance company's Member Services Department or ask our Billing department for assistance.

- d. **Self-Payments:** If you do not have insurance coverage, or you choose not to utilize your benefits, or have used your allowed annual benefit; a sliding fee schedule is available to continue receiving services. If you are experiencing a severe financial hardship then you can make a request for your fee to be reduced, but must supply the necessary supporting documentation for our consideration. Please call our billing department for more details.

<b>FEES</b>	
Diagnostic Service, 30-45 minutes	\$140.00
Individual Psychotherapy, 45 minutes	\$70.00
Group Psychotherapy, 45-60 minutes	\$60.00
Family/Couples Therapy, 45 minutes	\$120.00
Medication Visit, 15 minutes	\$60.00
<b>No-Show/Late-Cancellation Charges</b>	
Medication Visit	\$50.00
Therapy Session	\$60.00
Late Cancellation (within 24 hours)	\$20.00
<b>Medical Records Fees</b>	
Medical Records Request fee	\$15.00
Forms	\$40.00
Narrative Report	\$100.00
Copies of medical records fee (added to request fee)	\$0.50 Per page up to 100 pages \$0.25 Per page over 100 pages
Records requested by healthcare professionals rendering active treatment, or for a court appointed investigation, social security claims, federal or state financial needs-based programs are free of charge.	

- e. **Returned Fee:** In the event your check is dishonored or returned for any reason, you authorize us to electronically (or by paper draft) re-represent the check to your bank account for collection of the amount of the check in addition to a \$35 fee as permitted by state law.
- f. **Medicare Clients:** I request that payment of authorized Medicare benefits be made on my behalf to APS for any services furnished to me by APS. I authorize, to any holder of my medical information, the release to the Center for Medicare and Medicaid Services (CMS) and its agents any information needed to determine these benefits or the benefits payable for related services.
- g. **Past Due Balances:** If your account is past due, you will receive a letter, statement or telephone call from our Billing department reminding you of your balance. Please be aware if a balance remains unpaid, we may refer your account to a collection agency. If you have a severe financial hardship, or have questions about your bill, please call our Billing department. If a balance remains unpaid past 60 days from the date of Service, we reserve the right to terminate your treatment for non-payment.

**10- Additional Information**

For any additional information, you can contact APS management team at:

**ADVANCED PSYCH SERVICES, LLC  
425 N Lake Ave, Suite 101  
Worcester, MA, 01605  
Tel: (508) 753 3220**

**I understand that I am responsible for adhering to the policies of my insurance company regarding authorizations and payment for services. I request that payment of authorized insurance benefits be made on my behalf to APS for any services furnished to me by APS. I understand that I am responsible for and will pay fees for services rendered, unless prior arrangements have been made. I understand that such payment will not be delayed while awaiting a settlement or judgment from any legal proceedings.**

**I, the undersigned hereby acknowledge that I have read, understood and agreed to the office policies and that I have right to request a copy of the ADVANCED PSYCH SERVICES office policies. I understand that the office policies describe how the practice uses and discloses my medical and billing information. The office policies also describe my rights and how I can receive additional information.**

**Full name** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_