|  |
| --- |
| MEDICATION MANAGEMENT SERVICES |

Please read the following important information and **initial** next to each item in the space provided.

Eligibility for Service: Mental Health services are not denied to any person on the basis of race, color, gender, sexual orientation, creed, handicap, national origin, duration of residence, or age.

|  |
| --- |
| APPOINTMENTS |

1. All services are provided by appointment only. Following your initial interview, any additional appointments will normally be arranged and scheduled by our front office. \_\_\_
2. Clients are required to check in with front office personnel and make any payments upon arrival for the appointment. Clients will not be rescheduled for follow-up appointments if co-payment/deductible/co-insurance/no-show fees are not paid at time service is rendered. Clients must make payment arrangements before additional appointments will be scheduled. \_\_\_
3. **A 48-hour advance notice MUST be given for cancelled appointments.** If you do not show up for your appointment as schedule or you cancel with less than a 48-hour notice you will be charged $70.00. \_\_\_
4. Should the client not schedule an appointment for a period of 60 days and no arrangement was made in writing for said time, client will no longer be considered an active client and therefore has terminated treatment. \_\_\_

|  |
| --- |
| MEDICATION REFILL POLICY |

1. Refills of medication can be written/sent at time of your scheduled appointment. If you need refills of your prescribed medications prior to your next scheduled appointment, notify your pharmacy to fax this office with your prescription information **(please do not call the office directly)**. Medication refills will only be filled on weekdays during normal office hours. Please notify your pharmacy **5 days** before your medication runs out as we might not be able to respond to your request. PDX Mental Health Resources, LLC may decline refill requests if clients fail to keep scheduled appointments. \_\_\_
2. If client misses appointment, medications will be provided for two weeks (with the exception of stimulant medication) if needed. If an appointment is missed for any reason, client is required to schedule a follow-up appointment within two weeks of missed appointment or treatment will be terminated. \_\_\_
3. Some medications will require prior-authorization to have insurance cover part or all of medication costs. Prior-authorizations are completed during office hours; please allow 3-5 business days for processing. \_\_\_

|  |
| --- |
| PAYMENT OF FEES |

1. It is customary to pay for professional services when being rendered. Payment of fees will be made at the beginning of the scheduled appointment. Clients will not be rescheduled for follow-up appointments until account is paid in full or a payment plan has been established. Consistent payment must be made or services will be discontinued. \_\_\_
2. If services are covered by insurance, we will bill your insurance company directly. It is the client’s responsibility to inform PDX Mental Health Resources, LLC about any changes to insurance coverage, eligibility, or personal address change. Clients are responsible to pay at time of service any amounts due in order to cover any deductible or co-payments that may be required by your insurance company. \_\_\_
3. If you have questions regarding the payment of fees, please discuss this with our office. \_\_\_
4. If a client fails to be responsible for the account, and it is necessary to refer a delinquent account into the hands of a collection agency/attorney, the client agrees to pay all costs affixed by the court, collection agency, or attorney. \_\_\_
5. There is a $30.00 service charge for NSF/Returned checks. \_\_\_

|  |
| --- |
|  EMERGENCIES |

In case of any emergency you may call my office. If you are unable to make contact with me go to the nearest Emergency Room or Urgent Care.

|  |
| --- |
|  DISABILITY |

Social Security Disability evaluations and paperwork are not performed in this office. You will need to seek a psychiatric provider who specializes in this area to better assist you. Medical records will be provided to your disability insurance company upon their request.

# MEDICATION POLICY REGARDING CONTROLLED SUBSTANCES

**Patients who are prescribed controlled substances e.g., stimulant medications for ADHD and Benzodiazepines for anxiety disorders will receive hardcopy or online prescriptions that will only be filled at time of your appointment. Please make sure when you leave your appointment you schedule your next appointment prior to running out of your prescription. \_\_\_**

|  |
| --- |
| CLIENT ENDORSEMENT  |

By signing, you acknowledge that you have read the policy statement and understand all of its provisions. You can request a signed copy for your records.

I have read all pages of this policy statement and understand its provisions.

|  |  |
| --- | --- |
| **Signature:**      | **Date:**      |