Mileham
PSYCHIATRIC SERVICES

Policy Form

Appointment & Cancellation Policy: To maximize the time your physician spends with you and to minimize your wait time, patients who are not present at their scheduled appointment start time or who cancel an appointment with less than 24-hours' notice will be charged for a "No Show" or "Same Day Cancellation".

- No shows/same day cancellations will be subject to a **$25 fee** for 20-minute med-checks or **$50 fee** for hour long appointments. If you are unsure about your appointment/fee type, please contact our office.
- Patients arriving over **10 minutes** late for an appointment will be rescheduled for another day and charged a fee.
- After 3 no shows/same day cancellations, you may be subject to dismissal from the practice.

Our system will send an automatic e-mail for confirmation 1-2 days before your appointment. If you have not received a confirmation within 24 hours of your appointment, please call to confirm your appointment time. **During the school months, late afternoon appointments are in high demand. We try to honor after-school requests and ask that you help us by understanding when we need to schedule appointments during school hours. We will gladly provide you with a school excuse for your child.

_____ *Initial to confirm you understand and accept the above policy.*

Waiting Room Procedure: Please press the white button on the front desk ***only once*** when you arrive for your appointment time (but no more than 15 mins early). You will be directed to the provider's office once she is available. If you arrive at the office for something other than an appointment, please let the receptionist know *instead* of pressing the button, as this is utilized for appointments only.

Our office makes every attempt to remain on schedule throughout the day. We value your time and will do our best to keep you from having to wait. We reserve appointments for you according to your needs. Each person is an individual and each situation different; some may require more time than anticipated. We ask for your patience and that you keep in mind that we will provide you with the same personal care and attention. In addition, there are many times when our schedule is delayed in order to accommodate an emergency or crisis. Please accept our apology in advance should this occur during your scheduled appointment. We ask that if you are not called back in a timely fashion, to please notify the receptionist or contact the office.

Controlled Substance: If you are prescribed a controlled substance, we require **quarterly** office visits. We must see you before your prescriptions run out as these prescriptions are only given at the time of appointment. If a prescription is lost, the patient will need to schedule an earlier appointment to receive a new prescription. ***If we find that you have misused a medication or are in non-compliance with your medication, you may be dismissed from the practice.***

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Refills: Please call your pharmacy for refills. Refill requests can take up to **two** business days and are not fulfilled on weekends; please plan accordingly. Refills will be denied if a follow up appointment has not been scheduled. Please note that we cannot schedule an appointment until your outstanding balance has been paid.

Forms: $25-$50 charge for forms, request for records, and letters written. A 10-day notice is required.

Co-payments and Deductibles: All co-payments and deductibles must be paid at the time of service. This arrangement is part of your contract with your insurance company. *Failure to provide payment will result in rescheduling your appointment and/or holding your prescriptions.* Mileham Psychiatric Services, LLC is a preferred provider for Blue Cross/Blue Shield Network, Aetna, Meritain, Cigna, ProviDr's Care, and Tricare. We do not accept Medicare or Medicaid. We do accept self-pay if you are not insured or if we are not in network with your insurance carrier. Self-pay rates are $100.00 for Med-Checks or $150.00 for Med-Checks + Therapy due at the time of service. Psychiatric Intake/Evaluations are $200.00. If applicable, you will be responsible for your co-pay and any fees not covered by your insurance carrier at the time service is rendered. If information to file your claim, including additional insurance coverage or other information requested by your insurance company and/or our office is not supplied in a timely manner to meet your insurance company's requirements, you are personally responsible for the full bill.

Your initials below acknowledge that you assume full financial responsibility for services rendered if your insurance carrier denies or does not cover services provided. You understand the terms of this form and accept financial responsibility with or without the use of insurance coverage.

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Nonpayment: Due to the increasing number of high deductible insurance plans and higher coinsurance benefits, it has become necessary for our practice to secure your payment method prior to or at the time of your appointment. Your credit/debit card information will be directly entered into and stored by a compliant, secure third-party system. No payment data is stored locally on MPS' network computers or premises. All credit/debit card information is encrypted as it enters the third-party system. Your credit/debit card number is not available to any MPS employee. If you elect not to leave a credit/debit card on file, you may be required to make a full payment at time of service. *If your account is over 30 days past due from the date of your first invoice, your balance may be automatically deducted from your credit card.* Partial payments will not be accepted unless otherwise negotiated. Please be aware that if a balance remains unpaid, we may refer your account to a collection agency and you and your immediate family members may be discharged from this practice. If this is to occur, you will be notified by mail that you have 30 days to find alternative medical care. During that 30-day period, our physician will only be able to treat you on an emergency basis.

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Availability: We are able to provide care for Kansas residents only. If you move out of state, you are required to find a new provider within 30 days. Exceptions will be made on a case-by-case basis for full time students or military personnel. You must keep your current home/mailing address and contact information up to date with our office.

Referrals: If your insurance company requires a referral, it is the patient's responsibility to obtain this referral *prior* to the appointment.

Messages: Calls made after 3pm may not be returned until the following business day.

_____, agrees to the conditions stated above.
Patient Printed Name

Patient Signature (Legal Guardian/Other Authorized Signature): _____ **Date**: _____

Printed Name: _____ Relationship to Patient: _____