



OFFICE POLICIES & PROCEDURES

We strive to make your experience at Specialty Clinic of Austin an enjoyable one. The following policies are in place in order to ensure fair and quality care for all of our patients. Please take a moment to read and review these policies, then initial next to each statement to indicate your understanding and agreement. Please address any questions related to these policies with your provider.

APPOINTMENTS AND PAYMENT

Please initial next to each statement to indicate your understanding and agreement:

_____ **ARRIVAL TIME:**

Plan to arrive 10 minutes prior to your scheduled appointment time to allow adequate time to complete the check-in and payment process. **Your appointment will end at its scheduled time regardless of any time lost at check-in or due to late arrivals.**

_____ **PAYMENT AND OUTSTANDING BALANCES:**

Payment of copayments, coinsurance, deductibles, or self-pay rates is due in full at the time of service. **We will have no choice but to reschedule your appointment if you are unable to pay for your visit at the time of service** (except in the rare case of psychiatric emergencies).

- You are solely responsible for the payment of your account regardless of payment or lack of payment by any insurance carrier or other guarantor.
- **Account balances will not be allowed to accrue.** You will not be eligible to check-in for your appointment until outstanding balances are paid in full or a payment plan has been established.

_____ **INSURANCE VERIFICATION AND BILLING:**

We will submit claim forms for insurance carriers with which we are in network. For carriers we are not contracted with, you may ask us to mail you a receipt which includes the information necessary for you to file the claim.

- Your insurance carrier will provide us with an **estimate** of your copayment or coinsurance rates prior to your appointment. Please be aware that this is only an estimate (a "quote of benefits") and is subject to change until you have received an Explanation of Benefits (EOB) from your carrier. This also applies to established patients who have changed insurance carriers or insurance plans.
- You will be expected to pay for the visit in full if you do not have an updated insurance card.
- Your health insurance contract is between you and your insurance company. We cannot guarantee that all services or therapies we recommend are covered by your insurance company. **It is your responsibility to know your insurance benefits.** Any questions or complaints regarding coverage should be directed to your carrier.

_____ **INSURANCE CHANGES:**

It is your responsibility to notify our billing office if your insurance coverage changes. Please call to inform our billing office of these changes in advance of your appointment, or arrive 20 minutes prior to your appointment to speak with a billing representative in person. **Your appointment may be rescheduled if the insurance verification process delays your appointment start time.**

_____ **FOLLOW-UP APPOINTMENTS:**

You may be discharged from the practice if you fail to follow up for greater than 6 months after your last office visit, or 4 months after your recommended follow-up time frame.

- Follow-up appointments ensure the safety of patients who are continuing on medication maintenance therapy. The frequency of these appointments depends on your clinical condition and the medications utilized.
- Patients with an extended absence from care (greater than 60 days beyond the recommended follow-up time frame) will be scheduled for an appointment of extended duration to allow time for re-assessment. If you have a deductible or coinsurance, you may be responsible for a higher fee due to the extended time.





OFFICE POLICIES & PROCEDURES (Cont'd)

LATE CANCELLATIONS, NO-SHOWS & LATE-ARRIVALS

PRESCRIPTION MEDICATIONS AND REFILLS

Please initial next to each statement to indicate your understanding and agreement:

_____ **APPOINTMENT REMINDERS:**

Text message, e-mail, and telephone reminders are a courtesy service only. You are responsible for your appointment whether or not your reminder was received.

_____ **LATE CANCELLATIONS & NO-SHOWS:**

Appointments must be cancelled or rescheduled at least 24 hours in advance in order to avoid a Late Cancellation charge. This fee will also apply if you call to reschedule an appointment to another time slot on the same day.

- **Scheduling an appointment involves reservation of your provider's time specifically for you.** If you fail to cancel or change an appointment 24 hours in advance, we cannot bill for that time and we are unable to offer that time to another patient.
- **Insurance companies will not reimburse or cover Missed Appointment or Late Cancellation fees.** Payment of these fees is your responsibility. Late fees must be paid at the time of your next appointment.
- **You will be discharged from the practice if you provide late cancellation or fail to show up for 5 or more appointments at any time during the course of treatment** as it is difficult to provide quality care to patients who consistently miss and/or cancel their appointments.

_____ **LATE ARRIVALS:**

If you arrive late to your appointment, the time for your session will be reduced accordingly; you will only be seen for the remainder of the time left in your reserved appointment slot.

- Arriving late for a scheduled appointment impedes our ability to provide you with the best quality care and it often makes your clinician's schedule run behind for the remainder of the day.
- Patients arriving 10 or more minutes late to their scheduled appointment time will be offered the option to wait for another appointment time on the same day (if one is available) or to reschedule the appointment. Those who choose to wait should keep in mind that **the wait time may be considerable and unpredictable as priority is given to patients who arrive on time.** Regardless of what your situation may be, if you arrive late and choose to wait, you must wait until there is an opening. Repeated late arrivals will be charged a Late Arrival fee of \$25 if they choose not to wait.
- **We strongly recommend that you arrive 10 minutes prior to your appointment** because the appointment will end at its scheduled time regardless of any time lost at check-in.

_____ **NO EXCEPTIONS:**

While we are very sympathetic to the fact that situations arise which may make it difficult to keep or arrive on time to a scheduled appointment, we are unable to make exceptions to this policy.

_____ **PRIOR AUTHORIZATIONS:**

Prior authorizations are a courtesy service. While we make every effort to secure coverage of prescribed medications, it is ultimately your responsibility to contact your insurance company to determine which medications are covered or to request appeals for coverage decisions.

_____ **ADHERENCE TO FOLLOW-UP:**

Medications will only be refilled for current patients who maintain their regularly scheduled appointments. Your refill request will be denied if you have not been seen within the follow-up time frame recommended by your provider. If you are overdue for follow up and in need of a refill please call to schedule an appointment; at that time **your clinician may authorize a temporary refill. Temporary refills will not be granted for controlled substances.**

- It is your responsibility to ensure that you have enough medication to last until your next scheduled follow-up visit. We strongly recommend that you schedule your next visit prior to leaving our office as your provider's schedule may fill up quickly.
- At times our office may call to reschedule your appointment due to a conflict in your clinician's schedule. If this occurs, please check your medications to be sure you have enough to last until the date you return.

_____ **HOW TO REQUEST REFILLS:**

Refills may be requested by leaving a voice message or by email to info@specialtyaustin.com or controlledrefills@specialtyaustin.com.

_____ **WHEN TO REQUEST REFILLS:**

Refills must be requested at least 3 business days prior to running out of medication. Refill requests are not reviewed by your provider until the end of the business day so please plan accordingly.

- **Under no circumstances will medications be refilled after hours, on weekends, or on holidays.**
- A \$25.00 fee is assessed for a rewrite of a controlled substance should you allow the prescription to expire.

_____ **COMPLIANCE:**

You are responsible for complying with your prescribed medication regimen. You should not make any changes to your medication regimen without first consulting your clinician. It is your responsibility to inform your clinician of all other medications you are taking, including over-the-counter medications and supplements.



OFFICE POLICIES & PROCEDURES (Cont'd)

TELEPHONE, EMAIL, AND AFTER-HOURS CONTACT

Please initial next to each statement to indicate your understanding and agreement.:

_____ COMMUNICATING WITH THE CLINIC:

At times, heavy call volume may prevent us from answering your call in person. If you reach a recording, please leave a message that includes your name, date of birth, a brief description of the nature of the issue, and information on how to be contacted.

Allow up to 24 business hours for a return call.

- All correspondence will be transcribed by staff as part of your medical record.
- Basic questions regarding payment, insurance, and scheduling will be handled by our clinic staff. Most medical questions will be addressed by clinic staff after collaboration with your provider. **You will be asked to schedule an appointment to discuss any medication concern or symptom worsening as medication changes will not be made over the phone.**
- **If it becomes necessary to address your concern directly with your provider please be aware that these calls are limited to 5 minutes.** Any calls greater than 5 minutes are subject to fees (\$25 for each 5 minute increment following the first 5 minutes). This includes telephone consultations with family members including guardians of minors.
- You may choose to communicate with the office staff or with your provider via email at:

NORTH Location - info@specialtyaustin.com

SOUTH Location - infosouth@specialtyaustin.com

Be aware that email is not a secure form of communication and using it may risk the security of your protected health information. Your email communication will become part of your medical record. Email communication should never be used to communicate confidential information or urgent or emergency issues.

_____ ON-CALL CLINICIAN SERVICES:

In the event of an urgent psychiatric matter outside of regular clinic hours you may contact the on-call clinician by calling the office and following the appropriate prompts on our telephone greeting. **You will be connected with the voicemail box of the on-call clinician. Leave a brief message with your name, return phone number, and the nature of the emergency. You will receive a return telephone call promptly.**

- This service should be utilized only for urgent matters that cannot wait until the next business day (i.e., suicidal thoughts or thoughts of harming others, serious medication reactions, or unusual behavior that may lead to physical harm). Non-urgent issues (i.e., medication refills, scheduling, or billing issues) may be addressed via e-mail or by leaving a voicemail message for the clinic staff.
- **Calls placed for non-emergency issues will result in being charged a \$25 fee for after-hours care.** Additionally, if the matter is not urgent or emergent you may not receive a return call from the on-call provider.

_____ EMERGENCY CARE:

In the event of a life-threatening emergency please call 911 or go to the nearest Emergency Department. Do not delay care by waiting for a response from our on-call provider.



OFFICE POLICIES & PROCEDURES (Cont'd)

Please initial next to each statement to indicate your understanding and agreement:

FORMS COMPLETION, LEGAL SERVICES & OTHER SERVICES

FORMS & LETTERS:

If you have forms that require your clinician's signature, please fill out all of the required information and sign the form before submitting it to the front desk staff. Do not submit forms directly to your provider.

- We require 5-7 business days for completion of forms and letters. Please plan accordingly by submitting these forms at least 7 business days prior to the desired submission date. **Under no circumstances will we complete forms or letters for pickup on the same day.**
- Fees will be assessed for completion of forms and letters. These fees are based on complexity and range from \$25-\$75. The exception is basic, one-page letters requesting 504 accommodations which will be assessed a \$10 fee. These charges will be your responsibility and will be charged to your account.

LEGAL TESTIMONY:

It is often unforeseen but legal matters requiring the testimony of a mental health professional can and do arise. Legal testimony can often be damaging to the relationship between a patient and his or her clinician. As such, we require that you employ independent forensic psychiatric services should this type of evaluation or testimony be required.

- If for any reason any of our clinicians is deposed or subpoenaed on your behalf and required to testify or appear in court, you will be responsible for our court fees which are \$4500 per day and will not be prorated (because attending court necessitates blocking the clinician's schedule for the entire day). This fee must be paid upfront and in full.
- We will not complete custody evaluations or parental assessments for use in determining custody or visitation, CPS evaluations, or disability evaluations. You must find a forensic professional to assist you in these purposes.

OTHER PROFESSIONAL SERVICES:

Any other professional service that requires longer than 5 minutes (i.e., telephone consultations, report writing, preparation of treatment summaries, communication or coordination of care with other providers or family members) or time spent performing any other services on your behalf will be charged \$25 for each additional 5-minute increment.

TREATMENT OF MINORS

Please see addendum regarding treatment of minors of divorced parents for additional policies related to this unique situation.

_____ Minors 17 years of age or younger must be accompanied by a parent or legal guardian. Under no circumstances will medication changes be authorized without a parent or legal guardian present.

TERMINATION OF CARE

_____ At times, termination of care between a patient and provider is necessary. Termination of treatment may occur at any time and may be initiated by either the patient or the provider.

_____ We will assume that you have terminated care if you fail to show up for a scheduled appointment and do not contact our office within 60 days of this missed appointment, or you do not schedule and attend a follow up appointment within 6 months of your last scheduled appointment.

AGREEMENT

My signature below indicates that I have read the office policies document in full, I understand all of its provisions, and I agree to abide by these policies throughout the course of my professional relationship with Specialty Clinic of Austin and any of its associates. I understand that I may request a copy of this document at any time. I understand that violation of any of these policies is grounds for termination of care.

- I agree that my electronic signature on this application is binding and enforceable, as if I had signed a paper copy.

Patient Name: _____

Date: _____

Patient Signature (or Legal Guardian, if a minor): _____

