



General Office Policies

This is an agreement between Lilyfield Psychiatry of Atlanta, P.C. and Patient/Guarantor.

In this policy, the words "you", "your", and "yours" mean the patient/guarantor. The words "we", "us", and "our" refer to Lilyfield Psychiatry of Atlanta, P.C.

Appointments:

Initial appointments are considered a consultation visit, and your respective clinician will determine if our services will be appropriate to meet your needs. If for any reason our providers will not be appropriate for your care, referral sources will be provided to you.

Office visits are scheduled for specific dates and times, and every effort is made to see you on time. We do not double-book our schedule, so it is important to give a minimum of 48-hours notice of cancellation to avoid a charge for this reserved time. Cancellations for a Monday appointment should be made no later than Friday morning. Failure to provide 48 hours notice will result in a missed appointment charge as follows:

- \$400.00 for Initial appointment with a psychiatrist (MD)
- \$175.00 for follow-up visit with a psychiatrist
- \$175.00 for initial appointment with a masters level therapist
- \$125.00 for follow-up visit with a masters level therapist

These charges are your responsibility, and are not covered by your insurance company.

If you are more than (10) ten minutes late for your appointment, your clinician may not have the necessary amount of time for proper evaluation and your appointment may need to be rescheduled. You will be charged a missed appointment fee. If you are ill or have another emergency, please notify the office as soon as possible.

Please provide an email address on your Patient Information Form if you would like appointment reminders. Please note, these reminders are only a courtesy and it is your responsibility to remember your appointment time. The missed appointment charge will NOT be waived if you did not receive a reminder.

Fees and Insurance:

Insurance:

As physicians and therapists, our relationship is with you, not your insurance company. We will bill your insurance company as a courtesy for you if you are covered under certain participating insurances. **Please note that different providers at Lilyfield Psychiatry of Atlanta, P.C. participate in different insurance plans.** (For specifics, please enquire at the front desk.) However, all charges are your responsibility from the time rendered.

It is YOUR responsibility to contact your insurance provider and ensure that your provider participates in your plan. It is also YOUR responsibility to understand your coverage and benefits, including deductible amounts, pre-certifications, referral, and authorization requirements. We are NOT responsible for knowing the requirements of your specific plan. We will try to assist you to ensure that all plan requirements are met, but you will be ultimately responsible to ensure coverage. Please be aware that some, and perhaps all, of the services you receive may not be covered by your insurance company. You are financially responsible for any services provided by our office that are not covered by your plan. Please also note that certain insurances will not cover services for two providers at one location on the same day (i.e. a patient may not be allowed to see



both their therapist and psychiatrist on the same day).

You are also responsible to notify Lilyfield Psychiatry of Atlanta, PC of any insurance changes prior to your next appointment. If you fail to do so, you may be responsible to pay the full amount for your service. Additionally, you will be responsible to pay any claim that is 90 days past due after proper filing and at least 1 re-filing by our billing company. You will also be responsible to pay for any claim that is denied secondary to insurance being inactive at the time of services, or due to failure on the part of the patient or responsible party to obtain prior authorization or referral and/or complete forms required by the insurance company to process the claim.

Statements are automatically mailed to those with an unpaid balance on a monthly basis. Once we send you a statement, the balance on your statement is due and payable upon receipt. Any balance that is 30 days past due is deemed delinquent. All delinquent balances must be paid in full before any further services will be provided. Failure to pay a balance will result in collection actions and you may be discharged from the practice. If a patient's balance is turned over to a collections agency, an additional 25% of the balance will be added to the account. Patients/guardians are responsible for notifying this office of any changes to address or other contact information.

*** Please note, our front office is open on Mon – Thurs from 9am-4pm. The front office is closed on Fridays. Your clinician may schedule appointments outside of these office hours. If you see your clinician outside of these business hours, your payment/copay may be processed the following business day.

Cash rates:

If we are not a participating provider on your insurance plan, the cash fees are as follows:

- \$400 for Initial appointment with a Psychiatrist (MD)
- \$175 for follow-up appointments with a Psychiatrist (MD)
- \$175 for Initial appointment with a master's level therapist
- \$125 for follow-up appointments with a master's level therapist

To reserve an intake slot with a MD, you will be required to leave a \$150 deposit. The remaining \$250 balance can be paid at the time of your appointment. If you miss your appointment or cancel with less than 48hours notice, you will forfeit the \$150 deposit, and be responsible to pay the additional \$250 as part of the no-show fee.

If we are not a participating provider on your insurance panel, we do NOT bill for out-of-network benefits. We will gladly furnish a statement for you to provide to your insurance company to obtain reimbursement. It is your responsibility to file with your insurance company.

We will require full payment promptly at the time services are rendered, and reimbursement will be provided to you directly from your insurance company commensurate with your out-of-network benefits. If payment is not made at the time services are rendered, there will be an automatic late fee of \$25 added to your balance.

Please be advised that any bounced check will incur a \$50 fee.

Medications:

It is our policy to give enough medication/refills to last until the date of your next required appointment. It is the patient's responsibility to remain current with their appointments so that there is no lapse in needed medication.



Please note, we do not respond to pharmacy requests for refills as they are frequently inaccurate and often automated.

To minimize errors and optimize care and safety, we discourage medication refills in between scheduled appointments. If refills are needed between appointment times, it is your responsibility to call with advanced notice of a minimum of 48 business hours. We will provide only a two week supply of medication, and you are expected to follow up within that time.

WE WILL NOT REFILL ANY CONTROLLED SUBSTANCES IN BETWEEN APPOINTMENTS including stimulants (i.e. Concerta, Ritalin, Focalin, Adderall, Vyvanse) and benzodiazepines (i.e. Klonopin/clonazepam).

There is a \$25 fee for any prescription provided in between appointment times. Again, you are expected to remain compliant with your appointments to ensure no lapse in medication. Our physicians reserve the right to refuse refilling any medication if they believe it is clinically necessary to evaluate the patient before prescribing medication.

Should you find that your insurance requires prior authorization for a prescribed medication, please note that this process may take up to seven business days. Prior authorizations require a significant investment of time, and therefore there is a \$25 fee for completion. Prior authorizations are typically required on an annual basis by your insurance company. Please check with your insurance company or pharmacy for the results of prior authorizations. Often, your pharmacy will be notified of the result and communicate that to you. In order to avoid this process, it is helpful to bring in a copy of your insurance's preferred drug list.

Phone Calls:

Any non-urgent phone call will be returned within 48 business hours by front office staff.

Your MD will gladly return a phone call for any urgent matter such as a side effect of medication (please see below). Any non-urgent matters, such as the routine need for medication changes in dose or formulation, therapeutic issues, or any other non-urgent concern must be addressed during appointment times.

Any phone call with your clinician longer than five minutes will be billed at a pro-rated rate commensurate with the above listed cash rates.

Emergencies and Urgent Matters:

In the event of an **emergency** (immediate attention is required for oneself or another due to a life threatening situation or a potential threat to safety), call 911 or go to the nearest hospital emergency room.

If you need to contact your clinician **urgently** during office hours (Mon-Thurs 9am-4pm), you may call the office directly. If an urgent matter arises outside of office hours, you may call the office where you will be given the option to reach a live operator. This live operator will be able to promptly alert your clinician regarding your urgent message. Any abuse of this urgent messaging system will be assessed a \$25 fee. Non-urgent uses of the urgent message system include, but are not limited to, medication refill requests and appointment requests.

Communicating Via Email:

Administrative staff/clinicians will use reasonable means to protect the security and confidentiality of email information sent and received. However, because of the risks identified below, Lilyfield Psychiatry of Atlanta, PC cannot guarantee the security of email communication, and is not liable for improper disclosure of confidential information that is not caused by the administrative staff's/clinician's intentional misuse.



Transmitting patient information via email has a number of risks that patients should consider before using email to communicate with our office. These include, but are not limited to, the following:

- 1) Email can be circulated, forwarded and kept in numerous paper and electronic files.
- 2) The email sender can easily type the wrong email address.
- 3) Email is easier to falsify than handwritten and/or signed documents.
- 4) Backup copies may still exist even after the email has been deleted.
- 5) Emails can be intercepted, altered, forwarded or used by unintended recipients without authorization or detection.
- 6) Emails can be used as evidence in court.

Patients/Parents/Legal Guardians must acknowledge and consent to the following conditions:

- 1) Email is not appropriate for urgent or emergency situations. Our office cannot guarantee that emails will be read and responded to within any particular period of time or outside of normal business hours.
- 2) Emails should be concise, and are not a substitute for the care that may be provided during an office visit. An appointment should be made to discuss any new, complex, and/or sensitive information
- 3) Patients/Legal guardians should not use email to communicate sensitive medical information or for time sensitive matters
- 4) Our office is not liable for breaches in confidentiality caused by the patient or any third party.

Forms/Letters/Record Requests:

Any additional forms, letters, or records that a patient requests will require a signed *Release of Information* form. This form may be printed off of our website and must be submitted to your clinician prior to the form being completed. These requests require at least five business days for completion and it is the patient's responsibility to provide sufficient advanced notice.

There is a \$25 fee for a clinician to complete any brief letter/form. Any forms/letters that require extended time, such as legal forms, disability forms, intensive school/camp forms, will be billed on a pro-rated basis commensurate with the above listed cash rates. In addition, should you need a copy of your medical records to be sent to another physician, therapist, or any other provider, this may take up to ten business days to complete. The fee to compile and send these records are as follows: \$25 administrative fee plus 25cents per page.

Termination of Services:

Any patient who has not been seen by one of our clinicians or made contact with our office regarding an upcoming appointment for greater than six months duration will be considered no longer under the care of our providers and discharged from the clinic. These patients may call the clinic again at any time to schedule a new intake appointment. Additionally, there are other possible reasons for permanent termination of services including but not limited to: non-payment of fees, three or more missed appointments, abusive behavior toward staff, abuse/misuse of prescribed medication. If termination becomes necessary, you will be provided referrals for alternate care. Emergency care will be provided for you for 30 days