

Suburban Psychiatric Associates, L.L.P.

OFFICE POLICIES

Please familiarize yourself with our office policies. If you have any questions please call during normal office hours which are Monday through Friday 8:00 a.m. till 5:00 p.m. Our office is open on Saturday 8:00 a.m. until 2:00 p.m. but the office phone is not on. Office visits are by appointment only and vary according to each practitioner's schedule.

CANCELLATION POLICY

Because the appointment time has been reserved for you, you will be charged for cancellations with less than 24-hours notice. A fee of \$50.00 will be charged for a 15 minute established patient visit for the Physicians and Nurse Practitioners. A fee of \$50.00 will be charged for a 60 minute established patient visit for the Therapists. A fee of \$100.00 will be charged for a 60 minute New Patient appointment visit, for all clinicians. These charges are not covered by your insurance and are due and payable prior to any further appointments. In the event you must cancel and cannot reach the office personnel, please leave a message on the office voice mail system. Our answering machine will date and time your call. You will also receive an automated call reminding you of your appointment and you may cancel your appointment using this automated system. No fee will be charged if your call is received within the above time frame. Due to the large volume of calls, when calling to schedule or cancel an appointment, your call may go to voicemail. Be assured all calls will be returned by the end of that business day or by the following morning. Therefore, please leave a day and evening phone number where you can be reached.

PATIENT RECORD FEES

There is a fee of \$10.00 for NYS disability forms, as well as for other disability forms that are 1 page or less. More complex forms will be charged up to \$25.00, depending on the length and time involved to complete the form.

Your records, if copied, will cost \$0.75 per copied page. Records requested by other physicians or health professionals rendering active treatment are free of charge.

Dictated reports by your clinician will incur a charge based on the amount of time spent on producing the document.

Court appearances are charged by the half day and will differ from clinician to clinician.

I have read and understood the above policies.

Patient name: _____

Signature: _____

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EMERGENCY CALLS

For calls that are an emergency during office hours, please ask to speak to the nursing staff. For emergency calls after business hours, please page your doctor. For calls in which you have questions for the doctor that is non-emergent please ask to speak to our nursing staff, who will take a message and notify the doctor of your call. Remember when the doctors are in session with a patient, they cannot be disturbed. Doctors will be told of your phone call in-between patients and calls will be returned either at the end of business day or in-between patients if time allows. If you call the doctor after office hours and your telephone **CallerID** does not accept "Private or Blocked Calls" the doctor may not be able to return your phone call. The doctor may be calling from home or from a cell phone and **WILL NOT** allow the number to be shown. Please **UNBLOCK** your **CallerID** prior to placing your call to the doctor.

PRESCRIPTION POLICY

All prescription refills must be called in a minimum of one week before your medication runs out. We will not accept prescription refills from walk-in patients. When calling for a prescription refill, or any questions relating to your prescription at ext. 216, your call will always go to voicemail. Please call for prescription refills Monday through Friday between 9:00 a.m. and 5:00 p.m. on our voice mail recording. If phone requests are obtained after 2:00 p.m., your prescription will be handled the next business day. Please talk slowly and clearly and provide the following information:

1. Patient's first and last name with spelling.
2. Medication being requested.
3. Phone number where you can be reached for problems.
4. Pharmacy name and phone number. **TRIPPLICATE PRESCRIPTIONS CANNOT BE CALLED IN AND MUST BE PICKED UP OR MAILED**
5. Whether you want us to call in the prescription, if you will be picking it up or if you want it mailed to you.
 - ❖ **There will be a nominal postage and handling charge added to your account for all mailed prescriptions.**
 - ❖ **We do not call back unless there is a problem.**

If you have been given a triplicate prescription it is regulated by our state government. Please be aware that these prescriptions must be filled within one month. No refills are allowed. Take all medications as prescribed. As with all medications, these have been prescribed for you exclusively, based on knowledge of your personal needs and medical background. Sharing these medications is both medically contraindicated and illegal. Your cooperation is appreciated.

INSURANCE POLICY

**CO-PAYS ARE TO BE PAID AT THE TIME OF YOUR APPOINTMENT,
PER YOUR INSURANCE CONTRACT.**

Co-pays for mental health coverage do vary from one carrier to another, review the back of your insurance card. If you have any questions regarding your co-pays or authorizations, call your insurance carrier.