



CAROLINA COMPLETE PSYCHIATRY

OFFICE POLICIES (Please initial next to each policy)

_____ APPOINTMENTS: Services are by appointment only. This time slot has been reserved just for you. In the event of an emergency, every effort will be made to work you into the schedule. It is recommended that you plan to arrive early and anticipate possible delays such as traffic. In the event that you run late, you will not be given additional time as this may interfere with another patient's reserved time. If an appointment is missed, you will be billed according to the scheduled fee.

_____ CANCELLATIONS: Cancellations must be made 24 hours in advance. Cancellations made less than 24 hours in advance, or no-show appointments, will be **charged a \$100 fee**. If you have incurred this fee, it will be taken automatically from a credit card on file and all patients are expected to keep a zero balance. Refills on medication will also not be given if you miss an appointment or if there is a balance on your account. In the event that you need to cancel an appointment on Monday, cancellation must be done on Friday in order to avoid being charged.

_____ REQUESTS FOR RECORDS: If you have an appointment with another provider or request medical information for any reason, you must notify Carolina Complete Psychiatry, PLLC at least five days before your appointment. This will allow your provider sufficient time to prepare documentation for you. In the event that you need records sooner, a fee may be charged.

_____ BILLING: Carolina Complete Psychiatry, PLLC is not contracted with any insurance companies and we do not file claims for the services you receive. You will be provided with a receipt containing a diagnosis code that you may submit to your insurance carrier for reimbursement. It is your responsibility to know what your insurance carrier will or will not reimburse. Any reimbursement must be sent directly to you. In the event that any insurance reimbursement is sent to the office, it will be returned to sender as we will not be responsible for handling any insurance reimbursements.

_____ PAYMENT POLICY: Carolina Complete Psychiatry, PLLC requires payment in full at the time of service. Please discuss service fees with provider. Payment may be made in the form of cash, check (to Carolina Complete Psychiatry), or credit card. If you have any questions regarding payment and services, please voice them to your provider. It is expected that all patients maintain a zero balance. You are required to keep a credit card on file with this office in the event of a no-show appointment/late cancellation. Your initials provide consent for this payment. **This is not optional.**

Debit/Credit Card to be kept on File: _____

Expiration Date: ___/___/___ CVV: _____ Billing Zip Code: _____

_____ **CONFIDENTIALITY:** What is shared between you and your provider will be held in strict confidence. Please see the Patient Privacy Notice for more specific details about your Private Health Information. Information will only be shared if the patient has signed a release of information. Please be aware that the following circumstances are exceptions to confidentiality: a) Patient is a physical danger to self. b) Patient is a physical danger to others. c) Child or elder abuse/neglect is suspected.

_____ **MESSAGES:** All messages will be returned as promptly as possible. No messages will be checked on weekends or standard holidays. If you need urgent assistance, you may call the provider on call at 704-750-8083. This will not be charged if the phone call is truly needed, but you may incur a cost for phone conversations over 10 minutes in length. In the event of an emergency, call 911 or go to the nearest emergency department for treatment. Please be aware that providers of Carolina Complete Psychiatry do not provide inpatient treatment for patients.

_____ **REFILLS:** Refills will typically be handled during your office visit. **No routine prescriptions will be refilled after 5PM during the week, on weekends, or holidays. Check your medications regularly to be sure that you have enough. We are closed Fridays.** Please allow 72 hours for prescription refill requests to be processed. If you have any medication questions, please contact the office. If you miss an appointment and need a refill, you will need to be seen prior to a refill being sent to your pharmacy. You are strongly encouraged to bring your pill bottles with you to each appointment to ensure that you have enough medication.

_____ **COURTESY:** Please put your mobile device on silent when you visit Carolina Complete Psychiatry, PLLC. If you must be on your phone, we ask that you step outside of the suite to avoid disturbing others within the area. Rude or disruptive behavior could result in termination of the provider-patient relationship.

_____ **TERMINATION:** At times, termination 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. Reasons for termination by the provider are generally due to non-compliance with treatment, missed appointments, or violation of office policies. If you have any questions about this, please discuss with provider. In the event that your care needs to be transferred to another psychiatric provider, Carolina Complete Psychiatry, PLLC will provide assistance as able.

FEES: Fee structures are subject to change based on the severity of presenting concerns, appointment length, and services provided. The providers at Carolina Complete Psychiatry have your best interest in mind and alter their scheduling to accommodate meeting your needs. Fees may be added to your account for both direct and indirect patient care for the following purposes as listed below. We value you as a patient of the practice and should you have any questions or concerns, please feel free to discuss any pricing or financial issues with the practice manager or owner. Please initial each line:

1. _____ Carolina Complete Psychiatry will complete applicable forms or paperwork for any patient that has been seen within the last four weeks. There is a \$20 fee for paperwork to be completed outside of your scheduled office visit. We will make every attempt to complete forms during your office visit if time allows for this, but may not always guarantee this can be completed. In the event these forms require more time and resources, additional fees may occur; however, you will be notified prior to being charged. In the event that you need a form completed with less than 72 hours notice, you may be charged an additional fee.

2. _____ We value our time with our patients and want to make sure that you are able to discuss what you need to during your appointment. Your initial evaluation is generally 60 minutes long and your follow-ups are typically 20-30 minutes. In the event that you need additional time, there is a \$40 extended service fee for each 20 minutes past your appointment end time.

3. _____ A provider is available to you 24 hours a day, 7 days a week by phone for urgent matters. Please note that any issues that require longer than a 10 minute phone call will be charged at a rate of \$20 per ten minute intervals. We ask that you be mindful on your purpose for calling as this line is not for appointment scheduling or refill requests.

Please feel free to request a copy of this document for your own records if needed. Thank you. The undersigned acknowledges reading and understanding the policies for Carolina Complete Psychiatry, PLLC.

_____ Date of Birth: _____
Printed Name of Patient

_____ Date: _____
Signature (and relationship if patient is a minor)