



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. You may not wait on premise for an available appointment. **If an appointment is for a person under the age of 18, a parent or legal guardian must accompany the patient to every appointment. No exceptions will be made and the appointment will need to be rescheduled if a parent/guardian is not present.**

_____ **CANCELLATIONS or LATE ARRIVALS:** Cancellations must be made 24 hours in advance. In the event that you need to cancel an appointment on Monday, cancellation must be done on Friday by 5 PM in order to avoid being charged. Cancellations made less than 24 hours in advance will be **charged a \$100 fee**. You will also incur this fee if you arrive **more than 10 minutes** past your scheduled appointment time. If you have incurred this fee, it will be taken automatically from a credit card on file as all patients are expected to keep a zero balance. Refill requests or scheduling follow up appointments will also not be given if there is a balance on your account.

_____ **MISSED APPOINTMENTS:** In the event that you need to miss your appointment, we ask that you notify the office so that we may late cancel your appointment. If you miss your appointment without notification to the office, you will be automatically charged to your credit card the full fee of your appointment. This is \$160 for follow up appointments and \$320 for initial appointments. Excessive missed appointments may result in discharge from the practice.

_____ **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/superbill 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. Payment may be made in the form of cash, check (to Carolina Complete Psychiatry -returned checks due to insufficient funds will incur a \$25 fee), or credit card. 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. This is not optional to have a credit card authorization form on file with the office. It is the patient's responsibility to notify the office if the card on file needs to be updated.

 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 by the patient or those accompanying the patient that is directed towards any provider, staff or other people within the suite 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. For transparency, our fees are also listed on our website. 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 \$25 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. No forms for medical leave or school withdrawal will be completed at a new patient appointment.
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 if scheduling allows. If there is not time for the extension, an additional follow up appointment may be needed.
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. This line is also not for crisis or emergency needs. If you are in crisis, please call 911 or go to the nearest emergency department.

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 of Patient or Parent/Legal Guardian (and relationship if patient is a minor)