# **Appointments & Scheduling**

Office visits are by appointment only. All appointments are scheduled directly through our office manager. If you receive our voicemail, please leave a message stating the following:

- Contact Information
- Times you would like to be seen
- How you found out about us
- What is your immediate concern

A scheduled appointment means that time is reserved only for you. We have a strong policy against double booking! Our office will contact you to confirm your appointment within 48 hours of your visit; failure to confirm your position may result in your time being given to someone on our waitlist.

# **E-mail Policy**

Please do not use e-mail to discuss medical questions. Be advised that we cannot ensure confidentiality when communicating via e-mail.

# **Call policy**

Our pledge is that during normal business hours, calls will be answered immediately or returned within two hours. If you have a life-threatening emergency or cannot wait for a return call, please call 911 or go to your nearest emergency room.

# **Medication refills**

Refills are made for patients currently in active treatment and keeping regular appointments. Dr. Brown will provide you with prescriptions at your appointment. After hour refill requests may be granted, provided the patient completes the Pharmacy Information Completion Form or the Pharmacy Refill Page located on our website.

#### Cancellation

Without giving 24 hour notice will be charged a \$60 fee. That fee will increase to \$80 if you confirm your appointment, but fail to arrive. Payment of cancellation fee is due upon request.

#### **Disability Claims**

May be completed, but will be charged a fee based on the amount of time it takes the Drs. to complete the documentation. Payment for these fees must be made in advance before the forms will be released

#### School, Family Leave and Request for Medical Evaluation

Will be completed at no charge to the patient. A charge may apply if any of the aforementioned documents are required by a third party and/or if additional information is required.

#### **Other Forms and/or Reproduction of Medical Files**

Will be charged a fee based on the amount of time it takes our Drs. to complete the documentation. Payment for these fees must be made in advance before the forms will be released

#### **Phone Calls**

Lasting longer than five minutes will be charged a fee based on the amount of time it takes our Doctors to complete the medical consultation

#### **Outstanding debts**

Will be assessed collection fees and/or interests penalties

#### **Payment policy**

Payment and Copayments are due at the time of service. Payment must be paid in full to continue service with our doctors. We do currently contract with some insurance carriers. However, if our Providers is not credentialed with your insurer, your receipt will enable you to file for insurance reimbursement, if you have out of network benefits. Thus please remit your payment and/or copay by cash or credit card. Lastly, you are responsible for any charges your insurance company does not

pay. You also agree, by signing this document, to notify our office of any changes to your insured status. If you fail to do so, and your insurer denies your claim, then you are responsible for any and all charges.

### **Confirm Appointment Times**

When our office calls, failure to confirm your position will result in your time being given to someone on our Doctors' waitlist.

## You are responsible:

For any charges your insurance company does not pay. You also agree, by signing this document, to notify our office of any changes to your insured status. If you fail to do so, and your insurer denies your claim, then you are responsible for any and all charges.

## **Policy Exceptions**

The above guidelines do not apply to the **Social Skills Group**, **Concierge Medical Service**, **Lesbian Parenting Group and Psychiatric Consulting Program** currently offered by Dr. Brown. Please contact our office manager to obtain the rules and fees regarding those services.

Signature (Patient, Parent, Guardian)

Date