



Practice Policies

OFFICE HOURS Regular office hours are Monday - Friday 8:00 am to 6:00 pm, Saturday 8:00 am to 1:00 pm. Appointments outside these hours may be made at the discretion of the provider. Clients are seen by appointment only and walk-ins are not accepted. If you need to be seen in an emergency, it is recommended that you go to your nearest emergency room or call 911 and then inform your provider of the emergency.

APPOINTMENTS. TIMELINESS AND CANCELLATIONS When you schedule an appointment, that time is set aside specifically for you. By making an appointment, you accept responsibility to pay the full fee for the professional time that is reserved for you. If you must cancel an appointment, you agree to do so as early as possible and the office will attempt to reschedule for a time convenient to you.

The professional practice of ProCare Wellness LLC has a policy of charging clients a fee of \$100 of any appointment that the client fails to attend **UNLESS THE APPOINTMENT IS CANCELLED AT LEAST 24 HOURS* IN ADVANCE**. If you cancel or reschedule more than 24 hours in advance, you will not be charged a fee for that appointment time, as we will be able to offer that appointment to another client. This policy is strictly enforced and there are no exceptions without documentation supporting the need for cancellation due to an emergency that occurs within the 24-hour period prior to the appointment i.e., ER/Doctor report, receipt from car repair, etc.) (24 hours in advance of an appointment time) is defined as the time and date on the business day prior to the scheduled appointment time and date.

For example, if your appointment is set for 4:15 on Friday, your cancellation must be communicated to the provider no later than 4:15 on the preceding Thursday to avoid being charged for the cancellation. Cancellations for appointments on Mondays must be communicated by the time of the scheduled appointment on the previous Friday. Appointment reminders are a courtesy service and failure to receive an appointment reminder is not an exception to the no show and cancellation policy.

If you miss two (2) or more scheduled appointments without giving proper notification of cancellation, you will be discharged from the program.

It is important that you arrive on time. or preferably 5 minutes early for your scheduled appointment so adequate time is available to manage your care. Because most appointments are scheduled at 15-30-minute intervals, if you are more than 5 minutes late for your appointment, there is no guarantee that you will be seen, and you may be required to reschedule. If you arrive late and can still be seen, you may have to wait, to not inconvenience other patients.

On extreme occasions, your provider may need to cancel and reschedule your appointment. In this case, your provider will provide you with a new appointment and will ensure that you have enough medication to last until you can be seen again. It is important that if your contact information changes, you inform our office so we may reach you in these circumstances.

PHONE CALLS/EMAIL CONTACT Your provider has scheduled appointments throughout the day and may not be able to answer your call at the time it is placed and consequently, you may need to leave a message. Please provide all pertinent information, including patient name, callers name, concern, and

contact number(s) so that your provider can address your calls as efficiently as possible. Your provider will contact you within 48 hours, during regular business hours, unless you report in your message that your call is an emergency. (See policies regarding emergency calls). Calling multiple times will not expedite the process. Calls that require an excess of 10 minutes for your provider to address are subject to charges. DO NOT contact your provider or the office of ProCare Wellness LLC by email in the case of an emergency.

EMERGENCY. AFTER HOURS. WEEKEND AND HOLIDAY CALLS A provider is not on-call to address your emergent needs. Please go to the closest emergency room or call 911. **PRESCRIPTIONS/REFILLS** If you are prescribed medication, you will be provided with enough medication to cover you until your next scheduled appointment. There should be no need for requests for refills if you keep your scheduled appointments or schedule promptly. Refills will only be approved for current clients who have scheduled follow-up appointments.

ALL REFILLS REQUESTS SHOULD GO THROUGH THE OFFICE AND SHOULD BE ALLOWED 1 BUSINESS DAY. OUT OF POCKET FEE SCHEDULE

Medication Management (15-20 minutes) \$100.00 Medication and Therapy (50 minutes) \$190.00
Therapy Only (50 minutes) \$110.00 New Patient Evaluation (30-45 minutes) \$250.00

FREQUENTLY NON-COVERED PROCEDURES AND TREATMENTS: Private insurance will only pay for services that it determines to be "reasonable and necessary" under section 1862 (a) (1) of the Medicare law. If your insurance company determines that a service or treatment is "not reasonable and necessary" under Medicare program standards, then they will deny payment for that service or treatment unless explicitly stated the service or treatment would be otherwise covered. Under these circumstances, a bill is not submitted to your insurance company and these charges are your responsibility. Preparations of Evaluation Reports/Treatment Summaries Consultations/Records Review Telephone Consultations Email Consultations After-hours, Non-Emergency Calls Medication Refills (between appointments) Medical Records Requests Completion of letters, reports, FMLA paperwork, SSI Paperwork, Treatment Plans Unpaid Balance/ Late Charges Returned Check Fees No Show/Late Cancel

Fees **SERVICE FEES** (Subject to change) ***You will not be seen or authorized refills if balances are unpaid*** No Show/Late Cancel Fee \$100.00 Preparation of Reports (per hour) \$100.00 Telephone Consultations more than 10 minutes (per quarter hour) \$40.00 Email Consultations more than 10 minutes (per quarter hour) \$40.00 After Hours, Non-Emergency Calls (per quarter hour) \$40.00 Medical Records Request, per page after 5 pages + postage, if mailed \$0.25 Letters, reports, or treatment plans more than 10 minutes (per quarter hour) \$25.00 Unpaid Balance/Late Fee (after 30 days) \$25.00 Returned Check Fee \$25.00 Patient Agreement I understand that the services listed above are not typically covered by my insurance company, who will deny payment. I am aware that the list of fees for these services has been disclosed to me and is available for future reference in the Practice Policies. I agree to be personally and fully responsible for any charges related to the services listed, above regardless of the insurance company' s determination of benefits. I acknowledge that I have been notified of the policies regarding missed and cancelled appointments, phone calls and email contact, after hour's calls and prescription refills.

Client Name: _____

Client Signature: _____ Date: _____