

(Parent or legal guardian if client is under the age of 18.)

Patient Policies and Procedures

Late Policy: We will allow a fifteen-minute window for all new patients and a six-minute window for all follow-up appointments. After the allotted time, you will be marked a no-show and will be charged a \$50.00 no-show appointment fee.

Refill Policy: Patients are usually scheduled in 30, 60, or 90-day increments. **There will be NO refills provided without an appointment. If you miss your appointment, you may go to the ER or your PCP.** Please make sure you receive enough medication to make it in between each appointment. If you are going out of town, it is your responsibility to secure refills at least 72 hours in advance.

Paperwork Policy: The fee schedule for paperwork is in the Financial Agreement. You must be an established patient, which means at least **3** office visits prior to any FMLA, or Disability paperwork being filled out for you. It is always at the discrepancy of the provider whether paperwork will be filled out. **Any patient who takes themselves out of work without the consent of their provider, will NOT have FMLA paperwork filled out for them.**

Answering Service: You may call the after-hours line for any emergencies after business hours. Refill requests are not emergencies. **Please note that if you require a phone call back and it is not an emergency, you will be charged a fee of \$35.** No after-hours calls will be accepted for appointments, refills, or prior authorizations.

Prior Authorization(s): Please understand our office has 72 hours to process a prior authorization for your medication. Prior Authorizations for stimulant medications may require a drug screen. Also, it may take an additional 72 hours for your insurance to respond.

After-Hours Appointments: Patients who are seen **after hours** for therapy or medication management (Monday through Thursday after 5 PM, Friday after 1 PM, and Saturday) **must pay their copays 48–72 hours before their appointment.** Copays can be paid in advance through the **patient portal** or by **calling the office.** If the copay is not paid within that timeframe, **the appointment will be cancelled.** All patients seen after hours are **required to have a card on file.**

Thank you,
Alpha Psychiatric Services

Signature: _____

Date: _____