



228 W 2nd Street, Muscatine, IA 52761 Phone: 563-278-2796 Fax: 563-513-0385

## PRACTICE POLICY AGREEMENT AND CONSENT

Thank you for choosing Pearl City Psychiatry, PLLC. We are committed to providing you with quality mental health care. We ask all patients to review and sign this policy. A copy will always be available to you in the patient portal.

1. Insurance: At this time, we participate with Cigna Behavioral Health, Iowa Total Care, and Wellmark Blue Cross and Blue Shield. Knowing your insurance benefits is your responsibility. Please contact your insurance carrier with any questions you may have regarding your coverage to receive the maximum benefit. Initial visit and follow up visits are billed according to acuity and identified by a code. These codes are reimbursed by your insurance; however, if you have a deductible, you may be responsible for part or all of these charges.
2. Fees: \$300 for the initial psychiatric evaluation (this is required to establish care) and this appointment is approximately 40-60 minutes. Medication management appointment prices vary by time spent, complexity, and medical decision making.
3. Private Pay Clients: If paying for appointments out-of-pocket, fees are 40% reduced for intake appointments as well as follow-up appointments, due at the time of service. These charges cannot be billed. This discount does not apply to clients with insurance.
4. Financial Terms: All fees, copayments, and deductibles are expected to be paid at the time of service. If you have a deductible, you will be billed for the balance of your appointment fee. Please know your benefits. Follow-up appointments may not be scheduled if you have an outstanding unpaid balance.
5. Missed appointments: **THREE MISSED VISITS (WITHOUT 24 HOUR CANCELATION) WILL RESULT IN DISCHARGE FROM THE PRACTICE. Please be courteous and give a 24-hour notice if you are unable to attend your scheduled follow-up appointment. Initial intake visits that are missed without the 24-hour notice will be unable to schedule future visits.**
6. Late arrivals: If you are more than 10 minutes late for your appointment you will be considered to have missed your appointment and will need to be rescheduled.
7. It is important to attend follow-up visits as recommended. Every medication change requires a 4–6-week follow-up appt. Once medication management is stable, we can visit every 3-6 months. If you are prescribed a controlled substance, you are required to be seen in person every three months. If there is no contact after 6 months, the patient/provider relationship will be terminated.

8. Balance: if your account is greater than 90 days past due with no payment arrangements, you will receive a letter stating that you will have 10 days to pay the balance in full. Please be aware that if a balance has remained unpaid longer than 90 days, you may be discharged from the practice. You will, at that time, be notified that you will have to find alternative mental health care. Your unpaid balance may be sent to a collection agency.
9. Registration: All patients must complete our patient intake forms prior to the first appointment. We must also obtain your current, valid insurance information, in order to bill your insurance. If you fail to provide us with the correct insurance information or your insurance changes and you fail to notify us in a timely manner, you will be responsible for the balance of the claim. Most insurance companies have time filing restrictions; if a claim is not received within 30 days of the receipt of service, it can be rendered ineligible for payment, and you will be responsible for the balance that remains.
10. Claims: We will submit claims electronically and assist you in any way we reasonably can to help get your claims paid. Please be aware that the balance of a claim is your responsibility whether your insurance company pays or not. Your insurance benefit is a contract between you and the insurance company; we are not a party to that contract.
11. Emergencies: This provider has inadequate services to cover emergency care. By signing this form, you agree that you or your child will not contact this provider if having an emergency and instead you will seek care from someone equipped to handle emergencies, such as a mobile crisis team or emergency services. Clients must call 911 or go to the nearest emergency department if having a medical or psychiatric emergency.
12. Communication: The most efficient way to communicate with this practice is by secure messaging via Spruce. Please be aware that I'm never immediately available
13. HIPPA: Clinical records are kept under the strictest rules of confidentiality which means that information about your treatment will not be released to any outside agency or individual without your written consent. Please be aware; however, that rules of confidentiality will be broken under certain circumstances that the provider is required by law to report if you are a danger to yourself or others (such as suicidal/homicidal ideation and evidence of abuse of children or dependent elders). As well, confidentiality may be broken if the information we have could help save you in a life-threatening emergency.

*My signature below indicates that I have read and understand the policies of Pearl City Psychiatry, PLLC and I am requesting mental health treatment from Lindsay Chick, MSN, ARNP, PMHNP-BC*

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Client name

\_\_\_\_\_

Guardian name (if applicable)

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Client's signature (or guardian if applicable)

\_\_\_\_\_

Date