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OFFICE POLICIES & PROCEDURES FOR OUR PATIENTS

OFFICE HOURS

Our office is available **Monday - Friday 9:00 am - 4:00 pm & Saturdays: 9:00 am – 1:00 pm**

THE OFFICE IS CLOSED WEEKLY AT 12:00 PM – 1:00 PM FOR A LUNCH PERIOD

Our Nurse Practitioner is available “after hours” **24 hours per day/365 days per year** by calling our phone number **832.847.4836** following the prompts. **If you need an appointment, prescription refill or test results, please call during regular business hours.**

URGENT CARE

Urgent care is available for all our registered patients. This service is available through the Practice Fusion Patient Portal. Simply book an appointment in the portal, if there is a need of urgency, we will accommodate you with an appointment as soon as possible.

YOU MAY BE APPROVED FOR AN APPOINTMENT WITHIN (1) HOUR – (1) DAY OF REQUESTED BOOKING.

APPOINTMENTS

Osana Mental Healthcare & Counseling Services is committed to providing quality care to our patients. To ensure timely continued care, we encourage patients to schedule appointments in advance of follow-up due dates. When calling for an appointment, please provide your name, telephone number, chief complaint/reason for visit, as well as any updated contact or insurance information.

While we strive to schedule appointments appropriately, emergencies can and do occur in health care. We strive to give all our patients the time that they require. For this reason, we kindly request your patience and understanding should a delay or rescheduling become necessary on your appointment date.

To ensure quality care, Osana Mental Healthcare & Counseling Services, does not treat patients we have not seen (i.e., we will not call in prescriptions or offer medical advice for patients prior to their initial visit). Follow ups may need to be scheduled after testing has been completed, so that results may be reviewed together; this ensures an effective and appropriate plan for your mental healthcare.

CANCELLATION OF AN APPOINTMENT

In order to be respectful of the mental health needs of our patients, please be courteous and call Osana Mental Healthcare & Counseling Services promptly if you are unable to attend an appointment. This time will be reallocated to another patient who needs treatment. This is how we can best serve the needs of all our patients.

If it is necessary to cancel your scheduled appointment, we require that you call (1) working day in advance. Appointments are in high demand, and your early cancellation will give another patient the ability to have access to timely mental healthcare.

NO SHOW POLICY

A “no show” is the term we use when a patient misses an appointment without cancelling it within (1) business day in advance. Unfortunately, “No-Shows” inconvenience those patients who need access to mental healthcare in a timely manner. A failure to present at the time of a scheduled appointment will be recorded in your medical chart as a “no show” and an administrative fee of \$35.00 will be billed to your account. You will be sent a letter alerting you to the fact that you failed to show for a scheduled appointment and did not cancel the appointment within (1) business day in advance, along with the bill for the administrative fee. A copy of the letter will be placed in your medical record. Please note: (3) “no-shows” within (1) calendar year will result in a temporary suspension of services. In order to reinstate services, you will be required to meet with you’re the provider within 30 days of the third no show letter to evaluate your situation. In the event you do not respond and/or schedule an appointment within the 30 days, we will consider your patient status as terminated.

NO-SHOW CHARGES ARE PATIENT'S RESPONSIBILITY & WILL NOT BE BILLED TO YOUR INSURANCE COMPANY

OFFICE CLOSINGS DUE TO WEATHER OR OTHER CIRCUMSTANCES

If our office is closed due to weather conditions or other circumstances beyond our control, the following procedures are used to inform our patients:

- ✓ If you are scheduled for an appointment, you will receive an automated message by email or phone.
- ✓ Closings will be displayed on our website at www.osanamhcs.com and on Facebook at www.facebook.com/osanamentalhcs/

INSURANCE

- ✓ Osana Mental Healthcare & Counseling Services accepts most insurance plans. If you have specific questions regarding your insurance, please contact us at [832.847.4836](tel:832.847.4836).
- ✓ It is the patient's responsibility to inform our office of any changes in insurance coverage. Failure to do so could cause delay or denial of insurance payment and next your appointment.
- ✓ All patients will be asked to present their current insurance card at each appointment. Failure to have your card could delay your appointment, and it will be the responsibility of the patient to provide proof of coverage.

PAYMENTS

- ✓ Patients are responsible for co-pays at time of service. There will be an additional fee of [\\$10 for all co-pays not paid on the day of appointment](#).
- ✓ If applicable, you will be billed for services not covered by your insurance by our billing department.
- ✓ Osana Mental Healthcare & Counseling Services accepts cash, MasterCard, Discover, Visa and American Express. Checks are not accepted Osana Mental Healthcare & Counseling Services.
- ✓ It is the policy of Osana Mental Healthcare & Counseling Services to make all reasonable attempts to collect outstanding balances should they accrue, including, convenient payment arrangements. Following these attempts, accounts in poor standing will be outsourced to a third party for the purpose of collection.

PRESCRIPTION REFILLS & PHARMACY INFORMATION

- ✓ Please inform Osana Mental Healthcare & Counseling Services of which pharmacy you use and update us if this should change. Please allow two to three business days for refill requests. We encourage our patients to review their medications prior to their office appointments and to request refills at that time, if needed.
- ✓ Please note that we do not fill narcotic medications or order over the phone.

CONFIDENTIALITY & MEDICAL RECORDS

Per HIPAA guidelines, copies of medical records must be requested in writing. To ensure your privacy, a form for release of medical information must be completed prior to receipt of these materials. All patients can request a copy of their medical records one time, free of charge. Additional copies may be requested at a cost of [\\$1.00 per page](#). The law allows Medical Offices [30 days](#) to complete requests for records. However, our medical records department puts forth every effort to respond to these requests in a timely manner.

COMPLETION OF FORMS/LETTERS

We understand that at times, various forms or letters may be required to assist you with your healthcare needs. The staff at Osana Mental Healthcare & Counseling Services will be happy to complete forms and write medical letters as necessary upon your request. However, because this can be time consuming, please allow **7-10 days** for completion of requested forms/letters.

The fees for completion of these forms is as follows.

- ✓ If the form can be printed directly from the appointment summary checkout – no charge.
- ✓ Forms are **1 to 3 pages** long - **\$25**.
- ✓ Forms are more than **3 pages** - **\$50**

AFTER (6) PAGES OR MORE THE FEE GOES UP TO \$100

- ✓ The payment is due at the time the forms are received / dropped off.

OUR PATIENT PORTAL

As a means of ensuring timely communication with our patients, we strongly encourage you to sign up for the Practice Fusion Patient Portal, which can provide a quick and easy method for accessing, medications, etc. As a new patient, you will receive instructions on how to sign up for the Patient Portal. If you have questions or need assistance, please feel free to let us know.

ADDITIONAL INFORMATION

If you have further questions or need additional information about our services, please feel free to call our office at 832.847.4836 and/or visit our website at www.osanamhcs.com.

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ THIS AGREEMENT AND AGREE TO ITS TERMS AND ALSO SERVES AS AN ACKNOWLEDGEMENT THAT YOU UNDERSTAND THE FORM DESCRIBED ABOVE.

Client Printed Name

Date

Client Signature

If Client is a minor, please sign below:

Legal Guardian Printed Name

Date

Legal Guardian Signature