

Memorandum:

We appreciate working with you in your care. Over the years we have been very conscious about the cost of health care and the impact it has upon people. To that end we have not changed our fees in over 5 years. However, the cost of running a medical practice has steadily increased. It has come to a point that we have to increase our fees effective this year due to the rising cost of operating a medical practice.

We have seen increases in the number of late cancellations and missed appointments. This only adds to the costs of running a practice as we are not able to fill late cancellations or missed appointments. Having to refill prescriptions outside of the sessions also has an impact. Due to this we have changed some of our policies. We also wanted to provide you with an update on several of our policies. When you check in today our staff will provide to you our office policies. We are still not charging for prescription refills outside of visits, but if the pattern continues we may need to readdress this issue.

We continue to want to work with you toward your health, and appreciate working together.

ZARZAR PSYCHIATRIC ASSOCIATES PLLC

We thought it would be helpful for you to have hard copy of some of our office policies

\_\_\_\_ OFFICE HOURS: Monday through Thursday 8am-6pm. Friday 8am-5pm but our phone system shifts to on call system after noon on Friday. We are closed only on holidays and severe weather days.

\_\_\_\_ ON CALL: For emergency calls dial 919-278-2041 and follow prompt (press 1). This will reach the front office during work hours or the on call system weekends and evenings which will then page the doctor on call.

MISSED APPOINTMENTS/LATE CANCELLATIONS: 24 hour notice of cancellation prior to the time of your appointment is required. A charge will be made for missed appointments or appointments cancelled with less than 24 hours notice. Your credit card may be charged for these fees for the missed appointment or late cancellation as insurance companies will not cover these charges. If you miss, arrive late, or cancel your appointment with less than 24 hours notice, more than three times your care may be terminated with our practice.

\_\_\_\_Prescriptions: Please be aware of your prescription refill needs prior to and at your appointment and let your doctor know if you need a prescription. You can call your pharmacy to see if any refills remain. If the pharmacy indicates no refills ask them to check to see if any prescriptions are on file. We request 48 hours to fill prescriptions. A covering doctor may refill only enough medicine to allow you to contact your usual provider during office hours for additional refills of your medicine.

\_\_\_\_PRIOR AUTHORIZATIONS: Insurance companies often require this time consuming process. If denied, an appeal is then needed. If this is the case we may request your permission to cc/inform the insurance commissioner's office of the prior authorization, appeal and /or denial of your medicine.

\_\_\_\_ FORM FILING FEE: A fee is charged to fill out forms based on time required. The fee is based on increments of 15 minutes. The source of the request to fill out the form and likely will not cover the cost of filling out of the forms. Disability forms are one example of such forms. You will be responsible for the payment of these fees.

\_\_\_\_ PAYMENT: Payment is expected at time of service. If your provider is contracted with your insurance company we will file the claim for your visit for you. If not, a form will be provided to you which will have all the information necessary for you to file your own claim. We request a credit card be kept on file for any missed appointment/late cancellation fees. If the charge is above \$125.00 ZPA, PLLC will send you a notification and you will have one week from the date of the letter to contact ZPA, PLLC if you wish to make other payment arrangements. If the charge is below \$125.00 ZPA, PLLC will not send out notification. Additionally, if we participate with your insurance and payment is less than expected we would charge the credit card for remaining charges. If there is a returned check the returned check amount and returned check fee will be charged to your credit card. Notify our front staff if you would like to keep a credit card on file for all visits.

We want to work with you to assist in improved health. Repeated missed appointments, late cancellations, arriving late for appointments, not following treatment plans, or accounts in arrears do not support that goal, and may result in termination of care with our practice.

**Zarzar Psychiatric Associates PLLC**

**4301 LAKE BOONE TRL**

**RALEIGH NC 27607-7507**

**Telephone: 919-278-2041**

**Fax: 919-278-2042**

March 16, 2018

**Credit Card On File**

I, \_\_\_\_\_ authorize Zarzar Psychiatric Associates, PLLC to charge my credit card on file for any missed appointments, late cancellations, or returned checks and returned check fee.

In the event that my provider is a provider with my insurance plan, I understand that if the payment which was made at the time of service was less than expected (insurance deductible applied, copay higher than was initially understood, noncoverage by insurance, etc) my credit card on file will be charged. I will be notified prior to my credit card being charged if the amount is above \$125.00. I understand that I have one week from the date of the letter to call ZPA, PLLC if I wish to make other payment arrangements. I authorize any charges below \$125.00 to be charged to my credit card on file without notification. If my card on file becomes invalid a new card will be provided. In the event of a refund, ZPA, PLLC will issue a refund to my credit card on file.

Type of Card:      \_\_\_ Visa      \_\_\_ MasterCard      \_\_\_ Discover

Full Name of Card Holder: \_\_\_\_\_

Billing Address for Card Holder: \_\_\_\_\_  
\_\_\_\_\_

Card # \_\_\_\_\_  
Expiration Date: \_\_\_\_\_ CVV code (3digit number on back) \_\_\_\_\_

Signature: \_\_\_\_\_  
Date signed: \_\_\_\_\_

Witness: Printed name: \_\_\_\_\_  
Signature \_\_\_\_\_  
Date witnessed: \_\_\_\_\_