

Rising Swell Mental Health

1 Bethany Road Suite 69
Hazlet, NJ 07730
P: 732.784.8272 | F: 732.838.0829
Mark Sedlak APN, PMHNP-BC

Patient Name: _____ **Date of Birth:** / / _____

Parent/Guardian Name (if patient under 18): _____

Office Policies:

- Appointments can be scheduled by calling the office at 732-784-8272, or by emailing contact@risingswellmentalhealth.com. Office hours are Monday thru Friday 10:30 am to 4:30 pm excluding holidays.
- While your appointment may be scheduled outside of this time frame, there may not be office staff to answer calls or respond to emails. If there is an emergency, please call 911 or go to your nearest emergency department.
- Compliance with appointments is a requirement of treatment. You must schedule appointments based on your provider's judgement. If you miss multiple consecutive appointments, a termination of care letter may be sent due to noncompliance and no further refills will be provided. This is not only office policy, but safe practice standards that prescribers must follow when prescribing medications.
- **Medication Refills:** Please be aware that it may take up to 48 business hours to respond to refill requests. It is recommended that refills are requested at least 5 days before they are due to run out. Please remember that we are closed on weekends and holidays. Refill request should be made by directly contacting the office via phone, email, or the patient portal. We do not accept refill requests directly from the pharmacy (i.e. using the CVS app).
- **Controlled Substances:**
 - If you are prescribed a controlled substance, please be aware that some medications can only be provided in 30-day increments, and you will need to request a refill every 30-days.

- If prescribed a controlled substance, you will be required to attend one in-person session a year to maintain the prescription. If your first appointment is virtual, and you are prescribed a controlled substance, your next appointment will need to be in-person. This is not only office policy, but guidelines set by the DEA.
- If prescribed a controlled substance, you are subject to random urine drug screens at the discretion of your provider. Failure to comply with requests or results that are of concern of the provider could lead to discontinuation of the medication.
- This office often uses email as a primary mode of communication. You may utilize the patient portal which ensures end-to-end privacy and security. We will transmit clinical information as well as appointment reminders, payment information, medication information, and other information that pertains to your treatment via email. When you provide an email address, you are giving Rising Swell Mental Health permission and consent to communicate this information electronically. Patients are welcome to email questions, concerns, or paperwork, however, if this gets excessive, or the provider feels an appointment is needed, this will be relayed to office staff and an appointment will be scheduled. We cannot ensure privacy via traditional email methods.
- Minors of divorced parents that present for an appointment must have consent of both custodial parents to be treated. We assume that by scheduling the appointment, both parents are in agreement with treatment. It is the responsibility of the parent to make sure that they have the legal right to make medical decisions regarding their child and our services. If necessary, a custody agreement shall be provided.
- A credit/debit card must be kept on file and up to date for all patients. This payment option will be securely stored and maintained with our billing company. Patients will not be scheduled for an appointment if not enrolled in autopay. By signing this agreement, you (the patient/guardian) are agreeing to securely store a credit/debit card and be enrolled in autopay. You (the patient/guardian) authorize this payment method to be billed automatically for any patient payment responsibilities including co-pays, deductibles, cancellation/no show fees, and any other cost associated with your care. All fees and charges will be deducted from the provided payment method. These fees are non-refundable and the responsibility of the patient.
- We utilize two different billing companies (Headway and Alma) to process insurance claims, payments, securely maintain credit card

information, and send appointment reminders. You will need to complete forms with Headway in order to receive treatment. Depending on your insurance, you will receive notifications from one of these billing processors. These billing companies may transmit information regarding payment responsibility, scheduling, and request information.

- Outstanding balances, regardless of reason for the fee, may result in termination of care. Payment is due at time of service and the card enrolled in autopay will be charged. If payment fails, patients will have 48-hours to update their payment information and complete payment. If payment is not made within this time, a termination of care letter may be provided to the patient. A 30-day supply of medications will provide as coverage.
- It is the patient's responsibility to keep insurance information up to date. Please notify the office immediately if your insurance plan changes for any reason. If appointments are attended, and the insurance plan is no longer active, the patient will be responsible for all fees associated with the appointment at the self-pay rate.
- Patients, whose insurance plan has a deductible, will be responsible for all charges until their deductible is met, as per their insurance plan. The fees are determined by your insurance company and vary depending on plan and service received. We do our best to provide estimated costs of visits and suggest patients contact their insurance company with any questions regarding costs and coverage.
- Self-pay patients must also keep a credit card on file but may opt to pay via another payment form (i.e cash or check) at the time of appointment if in person.
- Please note that request for letters or completion of forms require 7-10 days for completion. We will do our best to reply as soon as possible. Forms to be completed will incur a \$25 fee.
- Returned checks will incur a \$35 service charge plus any bank associated fees.
- **Self-Pay Rates:**
 - Initial Evaluation - \$350
 - 45-minute follow-up - \$225
 - 30-minute follow-up- \$150
 - School District Requests – Please contact office for pricing.

- **Cancellation and No Show Policy:** Cancellations must be made 48 hours prior to appointment time. Cancellations may be made via telephone or email. Voicemail and email both log time-stamps and are acceptable forms of cancellation. Any cancellations later than this time, or failure to attend the scheduled appointment, will incur a non-refundable charge as a cancellation fee. The cancellation fee is \$200 for initial appointments and \$150 for follow-up appointments. The credit card on file will be automatically billed for this fee. You will receive notification regarding your appointment time at time of scheduling as well as an appointment reminder prior to your appointment. It is the patient's responsibility to keep track of their scheduled appointments, attend scheduled appointments, and to cancel within a timely manner. Fees are subject to change.
- **Emergency Resources**
 - NJ Hopeline - 1-855-654-6735 - 24-hour line for individuals experiencing mental health crisis or suicidality.
 - Mobile Response - 1-877- 652-7624 - 24-hour line for children and adolescents experiencing emotional or behavioral crisis.
 - Psychiatric Emergency Screening Services (PESS)- 866.904.4474. - 24-hour line for those experiencing mental health crisis.
 - Lifeline - 800-273-8255 - 24-hour line National suicide hotline. Now **988**
 - Access Line- 1-844-276-2777- For individuals who are seeking treatment for substance abuse issues.

By signing below, you are acknowledging that you understand and agree to the aforementioned policies.

Patient (Parent/Guardian) Signature: _____

Date: ____/____/_____