

FINANCIAL POLICIES FOR THE OFFICE OF ELIZABETH A MCMORRAN NP



Thank you for choosing our office for your child's psychiatric care. We are dedicated to providing the highest quality care that is convenient and affordable for our patients and their families. This financial policy is an agreement between Elizabeth A McMorran, NP and you, either the patient or the responsible party.

Any charges are due at the time of service or the appointment will need to be rescheduled and there may be an additional charge for rescheduling if less than 24 hour notice is provided.

If you have an HRA or Health Spending Account or any other type of reimbursement plan, please check the balance prior to each appointment to make certain that there is money remaining in the account. Often times, the office staff is not able to access this information due to confidentiality reasons.

A \$75.00 administrative fee will apply to all appointments which are cancelled without 24 hour notice. When you make an appointment, please understand that this is time that is reserved exclusively for you. We do not "overbook" or "double book" appointments. This allows us to avoid delays and provide you and your family with the best possible care. That is our commitment to you. Failure to cancel in advance will result in the cancellation fee being assessed to your account. If you do not provide 24 hours advance notice of cancellation for an initial 60 minute appointment, you and your child will not be rescheduled.

It is the responsibility of the patient or guardian to know which medications are covered by their insurance prescription plan as each and every prescription plan is different. If NP McMorran prescribes a medication that is not covered on your insurance plan, we ask that you phone the pharmacy benefits plan and ask them what medications are covered that they consider equivalent and that do not need a prior authorization or will not cost you more money. You can then call us to inform us and NP McMorran will review the choices and let you know which she considers reasonable alternatives.

I, the undersigned, understand that charges are due at the time of service. As the parent or guardian, I understand that I am financially responsible for all charges. Patients who have a previous unpaid balance and wish to schedule a new appointment, will be required to pay for any outstanding charges at the time of service.

By signing this form, you are acknowledging that you understand and agree to our financial policies. Thank you for your cooperation in these matters.

Signature of Patient or Guardian or Legal Representative

Date