

# PROVIDENCE SERVICE, LLC

3707 E. Southern Avenue

Suite

Mesa, AZ 85206

615-668-4482

480-590-8162

## Form rules and fees

ALL FLMA, Disability, and Leave of Absence forms will NOT be completed until 4 appointments are completed. The fees for completing forms are based on complexity of paperwork, highest complexity will be \$100 lowest complexity will be \$25. Clinicians and Provider MUST be given 14 business days to complete paperwork.

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## Prior Authorizations

Prior Authorizations for medications that are not life threatening can take up to 10 to 14 days to be approved, these are the time frames instituted by your insurance plans.

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## Prescription and Refill Request

Non-Controlled medication refill request MUST come directly from your pharmacy, call OFFICE FOR controlled medication. If a Rx is needed, please anticipate your need and allow 5 to 7 days for the request to be completed. You MUST have attended your last scheduled appointment and have an upcoming appointment with your provider to receive a refill, if you missed an appointment, you MUST schedule with provider as soon as possible and may be given a short script.

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## Insurance Information Changes

Please be aware that it is your responsibility to notify us of any name, address and insurance changes which may have occurred since your last visit here. If claims are denied as a result of incorrect insurance information given to us by the patient and claims go beyond the insurance timely filing limits, then charges would become the responsibility of the patient.

It is your responsibility to know your insurance benefits. Providence Service DOES NOT guarantee that our services are a covered benefit or covered under your policy's "office visit" charge and/or co pay and may be applied to deductible, co-insurance and/or a not covered service. You have the right to refuse some or all services provided by Providence Service.

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## Office Communication

Staff are often not immediately available by telephone. Please contact 615-668-4485 when you need a call back from your provider. This number is answered by confidential voice mail that is monitored frequently. We will make every effort to return your call on the same day that you place it, with the exception of Fridays and holidays. If you have difficulty reaching us, please inform us of when you will be available. If we are unavailable for an extended time, it is recommended you contact Maricopa County Crisis line at 1-800-631-1314, 911, or head over to the nearest emergency room immediately in the case of an emergency.

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PATIENT RIGHTS

“Your health information cannot be used or shared without your written permission unless this law allows it. For example, without your authorization, your provider generally cannot: Give your information to your employer. Use or share your information for marketing or advertising purposes or sell your information.”

By signing you acknowledge you were offered a copy the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191

Client/Parent or Guardian Initial \_\_\_\_\_ Spouse/Other/Parent or Guardian Initial \_\_\_\_\_