

Delphi Mental Health

Office Policies

Distinguishing between an emergency, urgent, and non-urgent request:

In the event of an emergency (you feel suicidal, homicidal, or have a medical emergency) you should call 911 or go to the closest emergency room. If you have an urgent need for consultation (increase in symptoms, etc.) you should call the main office number 702-670-2725 and let our administrative staff know it is an urgent request. After hours and on weekends please leave a message only if the issue is urgent at 702-670-2725. Please note: Most clinical issues should be shared in your session with your provider. If calls and case management become excessive, we will need to charge for case management time, at our rate of \$200/ hour. We will always inform you prior to providing this service and prior to billing for it. Many issues including insurance or billing questions, or appointment changes can be resolved during normal business hours, Monday through Friday 9 am – 5 pm, and will be handled by our administrative team.

Financial Policies:

All payments are expected at the time of service: Payment is required at the time services are rendered unless other arrangements have been made in advance. This includes applicable co-insurance, co-payments, and deductibles for participating insurance companies. We accept PayPal, cash, personal checks, and credit cards.

Insurance:

We bill participating insurance companies as a courtesy to you. You are expected to pay your deductibles and copayments at the time of service. Nevada Medicaid plans do not require deductibles or copayments at the time of service. If we have not received payment from your insurance company, you will be expected to pay the balance in full. You are responsible for all charges. You are also responsible for providing all insurance and contact information. We are currently accepting (dependent on availability)

- Self-Pay
- and can bill out-of-network some other plans.

Please provide full insurance information and your insurance card upon your initial visit to determine eligibility of benefits, and obtain authorization from your insurance provider, when necessary, prior to your first visit. If your insurance plan requires pre-authorization for services, it is ultimately the responsibility of the client to obtain this authorization *prior* to being seen by your provider. If you fail to obtain authorization, any and all charges incurred and not reimbursed, will be your financial responsibility.

Initial: ____ It is the client's responsibility to provide the clinic with current insurance information.

We reserve the right to bill our standard fees for case coordination, clinical and legal write-ups, and phone consultations exceeding 5 minutes per week. Our time is valuable and is best served providing high quality care to you while you are here in session. There is no charge for routine telephone calls to our administrative staff regarding scheduling, appointments, or billing.

Outstanding Balance:

If an unpaid balance remains after 60 days, we will require a payment plan be initiated to continue to provide services. Unpaid balances that exceed 90 days will initiate a collection effort by our administrative team, and after 120 days will be sent to an outside collections agency for recovery and some identifying confidential information will be released in this process. This may negatively impact your credit.

We realize that people have financial difficulty, so please communicate with our office staff so that they may assist in creating a financial plan with you.

Billing Questions:

If you need any assistance or have billing questions, please call the office during business hours and speak

with our administrative staff.

Dismissal/Termination of Care:

It is your right to terminate your relationship with us for any reason. We will terminate our relationship with you in a few specific cases including being rude to staff, missing your appointments, abusing medications prescribed to you, not following up on your therapeutic plan, etc.

Initial: ____ Poor behavior such as (but not limited to) name calling, yelling at, or other rude behavior may result in services being terminated.

Missed Appointments/ Untimely Cancellations:

Missed appointments represent a cost to us, but more importantly it is a disservice to other patients who could have been seen in the time set aside for you. If you are unable to keep your appointment, please give 48 hours' notice for medication management appointments so we can fill the appointment with another patient. A 24 notice is required for therapy appointments. Please Note: that if less than 24 hours' notice is provided, you will be billed a missed appointment fee. Nevada Medicaid does not allow providers to charge for missed appointments, but if you late cancel or miss more than three appointments you will be terminated for service. A missed appointment charge is not a professional service charge and is not covered by your insurance. We, therefore, will charge you a full reimbursement rate for ALL and ANY missed appointments.

Initial: ____ A fee of \$75 will be charged to your account for appointments canceled within less than 24 hours' notice. Excessive abuse of scheduled appointments will result in discharge from practice. Initial: ____ If you are ill and cannot make your appointment, a doctor's note may be requested to waive any charges. If you arrive for your appointment late, please be aware that there is the possibility that your appointment may need to be rescheduled, so as to not inconvenience the next scheduled patient.

Complaints:

You have a right to have your complaints heard and resolved in a timely manner. If you have a complaint about your treatment, your physician, therapist, or any office policy please inform us immediately and discuss the situation. If you do not feel the complaint has been resolved, you may also inform your insurance carrier and file a complaint if you choose.

Prescriptions:

Medication prescriptions should be written and electronically sent to your pharmacy during sessions with your psychiatric nurse practitioner. This allows them to discuss how they are working and how long you should take them. Very occasionally, you may need a refill between sessions. Please call your pharmacy as soon as possible if this should happen to you. Keep an eye on your dosage amount to avoid a rush, and to give the pharmacy and doctors enough time to get your refill processed.

Please allow SEVEN BUSINESS DAYS for the office staff to check against your records and acquire clinician approval. We will not authorize refills if you have no future appointment, or if your last appointment has been more than 3 months ago, since we are legally required to ensure that you are in active treatment if we prescribe medications. Please note that in the event of a missed, rescheduled, or canceled appointment, your medications may not be refilled.

We are unable to provide refills of medications provided by other doctors or for other medical conditions, including narcotic pain medications, and may not prescribe any medications on your first visit.

We are also unable to change dosages of medications or prescribe new medications without first being seen by the prescriber.

Initial: ____ It can take up to 7 business days for medication refills. It is the client's responsibility to request refills in a timely manner and to keep appointments in order to maintain medication services.

Legal Issues:

We understand that our clients may be involved in legal proceedings and wish to have their therapist or Physicians present in these proceedings. We actively DISCOURAGE our clients from having their providers

subpoenaed. However, if you, the client, insist on moving forward you are responsible for the cost associated with your provider preparing for court, traveling to court, and having to cancel other clients. The fee for court and/or deposition testimony is \$250 an hour, with minimum payment of 6 hours expected. The client will also be responsible for all travel costs of \$.75 a mile, cost incurred by the provider obtaining legal counsel. These costs are not covered by your insurance, payments are required 24 hours before the intended date. Please Note: even though the client is responsible for the legal costs this does not mean that the provider testimony will be in favor of the client. The provider can only testify to the fact of the case and to their professional opinion.

Consent for Treatment

I hereby authorize Delphi Mental Health to render mental health services to me. I have read and understand these policies and have received a copy for myself.

Signed: _____

Printed Name: _____ Date: _____

Responsible Party for minors under the age of 18:

Signed: _____

Printed Name: _____

Date: _____

Financial Responsibility

I authorize provider to release information to insurance carrier(s) listed and be paid directly by insurance carrier(s) for services billed. I acknowledge that I am responsible for all charges not paid by my insurance companies including: copays, coinsurance, deductibles, insurance plan refusal to pay for failure to obtain authorization, and missed and late cancellation fees.

If it becomes necessary to effect collections of any amount owned, the undersigned agrees to pay all costs and expenses, including reasonable attorney fees.

Signature: _____ Date: _____

Signature of Responsible Party: _____ Date: _____