Whole Life Psychiatry

Kim D. Tubbs, PMHNP, PA, Inc.

GENERAL OFFICE POLICIES

Thank you for choosing Kim Tubbs, PMHNP for your behavioral healthcare needs. Please read these policies completely and if you have any questions, please ask for clarification.

Appointments: The time of your appointment is reserved for you. You are expected to give at least 24 hours notice if you cannot keep your appointment. **Cancellations within 24 hours will be charged a late cancellation fee of $100.** If you do not cancel your appointment and do not show up for your appointment **you will be billed a no-show fee of $150 that must be paid prior to receiving any further care.** Your insurance company will not cover these fees. Payment is your responsibility. Repeated "no show" or "late cancelled" appointments could result in termination of treatment. In the case of an emergency that prevents you from keeping your scheduled appointment and that requires a phone appointment, you will be charged $150 for the phone appointment. We cannot bill your insurance for phone appointments. Payment is your responsibility.

Maintaining Patient Status: It is very important that you be seen on a regular basis. At the end of each appointment we will advise you when to schedule a follow-up appointment. We urge you to make the follow-up appointment before you leave our office in order to schedule the most convenient time. **If you fail to keep and/or maintain follow-up appointments for a period of 120 days or greater, we will conclude that you have terminated the patient-provider relationship**. We recognize that payments for healthcare can feel burdensome. We will not ask that you return for appointments more often than what is prudently responsible for psychiatric care. However, please keep in mind that we cannot safely and responsibly provide psychiatric care without regular appointments.

Phone Calls: Emergency calls are handled as a priority. If you are experiencing a medical emergency, please call 911 immediately. Routine calls will be handled by our office staff during our normal business hours. Please leave a message on our voicemail and your call will be returned within one business day. If the provider is required to call you back, it will be handled as timely as possible. Please leave your name, number, and a detailed message. Medication refills, pre-authorizations, and scheduling appointments **are not considered emergencies**.

Email Communications: Once you are an established patient you will be provided with a patient portal. You may email with the provider or the office staff through this portal. Please recognize that this portal is not for emergencies. It may take 2-3 business days to respond to email communications. Please do not send patient specific questions through the general Whole Life Psychiatry website or email as these communications are not confidential.

Divorced/Separated Parent Policy: Please see our Divorced/Separated Parent Policy if this situation pertains to your situation.

Medication Refills: We handle all refills during your regularly scheduled appointments. If a medication refill becomes necessary please provide your pharmacy name and phone number, medication name and how you are currently taking your medication. We require that you make an appointment and we will call in enough medication to last until your appointment. **There is a $25 fee for medication refill requests between appointments.**

On the first appointment, prescriptions for 30 days will be given. We cannot give a 90 day prescription on the initial visit.

Patients can be given a 90 day prescription on their subsequent visits if required by their insurance. Patients are expected to keep their scheduled appointments even if they have enough medication. If you cancel or reschedule your appointment because you have a 90 day prescription from a previous visit you will not be given another 90 day prescription in the future.

We appreciate your cooperation in keeping track of your medication supply in order to avoid running out. Refills will normally be handled within 3-5 business days (not including holidays and weekends).

If you need your medication adjusted or would like to be started on a new medication, we request that you make an appointment. We will not be able to change medications or dosage over the phone.

Our provider requires that you keep scheduled appointments as directed in order to remain current as a patient. Your eligibility for prescription refills is determined by keeping scheduled appointments.

We do not provide refills for medications after hours or on weekends. For your convenience you may leave a message on our voicemail, but requests are handled during office hours only.

If a controlled substance/narcotic is prescribed to you it is understood that we are the only provider providing this medication to you. If you obtain this medication (or similar medication) from another provider without our knowledge, we will no longer provide prescriptions for this medication and we may be forced to terminate the provider-patient relationship.

We DO NOT respond to pharmacy requests for medication refills. Please be advised that if you are in need of more medication between visits you will need to call the office yourself.

Our office does not refill medications for lost or stolen controlled substance prescriptions. If your prescription or medication is lost or stolen and you have difficulty with withdrawal symptoms you should go to the nearest emergency room.

Prior Authorization for Medications: Your provider prescribes medication based on your condition/illness. Sometimes your insurance company limits the availability or free access to certain medications. At times, they may require two copays. These types of restrictions are between you and your insurance company. You need to contact your insurance company if this issue arises. If they require clinical information from the prescriber, ask them to fax us a written request. You are required to provide them with your medication history, ID numbers, etc**. Please allow us 48-72 hours to get your prior authorization for medication.**

Payment For Services: Payment is due at the time of service. Any past due balance will need to be paid before the next visit. We may need to cancel your appointment if you are unable to pay your balance in full prior to your next visit. We will send two monthly statements and one final collection letter. Any unpaid balance may then be turned over to an outside collection agency. If you are unable to pay your balance in full we can offer you a payment plan with a minimum payment of $100 per month. The complete balance must be paid within six installments (six months). The first payment is due on the day the payment plan is set up. Payments on previous balances are considered separate from your current visit, which will need to be paid at time of service, regardless of any payment plans in place for previous balances.

Credit Card on File Policy: We require your credit or debit card to be kept on file as a convenient method of payment for the portion of services that your insurance doesn't cover, but for which you are liable. Without this authorization, a billing fee of $25 will be added to your account for any balances that we must attempt to collect. Furthermore, an outstanding balance charge of 1.5 percent of the total bill will be charged for each month that the bill remains unpaid.

Your credit card information is kept confidential and secure, and payments to your card are processed only after the claim has been filed and processed by your insurer, and the insurance portion of the claim has been paid and posted to the account.

Patients with insurance plans under Obamacare/Affordable Care Act will be required to pay the full visit cost upfront for each visit. We will bill your insurance, and if the insurance pays for the visit and doesn't ask for a refund/recoupment within 4 months of your visit, we will issue a refund.

By signing below, you agree that you have read and agree with all of our office policies.

_____
Printed name of patient or parent/guardian

_____
Signature of patient or parent/guardian

Date: ___/___/___