

# Plymouth Psych Group

## PRACTICE POLICIES

<b>Name:</b> (Last, First, M.I.)	<b>Date of Birth:</b>
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### Thank you for choosing Plymouth Psych Group!

It is our belief that establishing a written financial policy is mutually beneficial to all parties. It is our goal to avoid any miscommunication or concerns regarding financial matters in order to focus our energy on providing excellent and compassionate mental health care to our patients. If you have any questions or require clarification on the policies outlined below, please contact us and our office staff would be happy to assist.

### PAYMENTS

- Any copayments, coinsurance and deductibles are due at the time of service for all patients
- If a minor is accompanied by an adult other than a parent or guardian, charges may be pre-authorized to an approved credit plan, credit card, or debit card at the time of service.
- We accept checks, credit cards, or debit cards as forms of payment. We do not accept cash.
- Any follow up, or reporting to third parties that becomes necessary due to unpaid balances on your account shall not be considered a breach of confidentiality.

\_\_\_\_\_ (initial) I have read and understood the above information pertaining to **PAYMENTS**.

### INSURANCE

- While Plymouth Psych Group may be listed as a network provider for your insurance, this is not a guarantee of coverage.
- We cannot bill your insurance company unless you provide us with accurate insurance information.
- We may accept assignment of insurance benefits, however, all or part of the services provided may not be considered reasonable and necessary under your medical insurance coverage. In this event, you may be responsible for some or all of the cost of services rendered.
- It may be possible that even if your insurance policy includes mental health benefits, most insurance companies do not reimburse for mental health services rendered to persons who are not diagnosed with having a mental health disorder. Thus, if insurance is to be filed, the claim must contain a diagnosis of a mental disorder. Although most insurance companies do not pay for marriage and family therapy, they may pay if a mental health disorder is significantly contributing to the dysfunction in the marriage.
- Patients are responsible for contacting their employer or insurer with any questions regarding policy and coverage.
- Plymouth Psych Group is not to serve as a third party in the contract between the patient and his/her insurance company.
- If there is a change to your insurance, it is the patient's responsibility to notify clinic staff.
- Any follow up, or reporting to third parties that becomes necessary due to unpaid balances on your account shall not be considered a breach of confidentiality.

\_\_\_\_\_ (initial) I have read and understood the above information pertaining to **INSURANCE**.

## BALANCES

- A balance is considered “overdue” when the client has not made a payment on the amount due not covered by insurance within 1 billing cycle (30 days)
- Clients with overdue balances exceeding \$300.00 or with a balance outstanding for 90+ days will be required to comply with one of the options below:
  - (i) Make payment arrangements with a credit card on file
  - (ii) Pay upfront for their appointment before being seen by a provider
  - (iii) Reschedule the appointment until their balance is reduced to under \$300.00
- Late balances are subject to a service charge of up to 1.5% after 30 days of non-payment.
- Unpaid balances may be reported to a collection agency. Any third party involvement shall not be considered a breach of confidentiality
- In the instance of external transfer of care, all remaining balances must be paid in full before records are released, unless financial hardship is the reason for the transfer

\_\_\_\_\_ (initial) I have read and understood the above information pertaining to **BALANCES**.

## REFUNDS

- Any credits accrued throughout the year will be used toward future sessions.
- All refunds will be processed at the end of the fiscal year.

\_\_\_\_\_ (initial) I have read and understood the above information pertaining to **REFUNDS**.

## APPOINTMENTS

- **Missing or Cancelling Your First/Initial Appointment**  
All new patient appointments cancelled within 48 hours of the appointment will be placed on a waiting list and can only be rescheduled three months after the missed appointment. Exceptions may be taken into consideration by the provider after documented evidence is provided (e.g. hospitalization, ER visits, etc.).
- **Termination of Care**
  - Plymouth Psych Group reserves the right to terminate patients from care if:
    - i. Client patient misses two or more scheduled appointments without giving a 24-hour cancellation notice, within a 6-month period.
    - ii. Client has two or more unpaid, missed appointment fees
- **Cancelling or Rescheduling an Appointment**  
Please contact the clinic at 763-559-1640 during regular clinic hours and at least 24-hours before your scheduled appointment to either cancel or reschedule.

\_\_\_\_\_ (initial) I have read and understood the above information pertaining to **APPOINTMENTS**.

## PRESCRIPTION REFILLS - GENERAL

In general, Plymouth Psych Group provides enough refills and renewed prescriptions at the time of your appointment. Patients are asked to track their supply, and ensure they have an appointment scheduled before they run out of medication. This practice reduces prescription errors, improves patient safety and encourages appropriate follow-up. Additionally, it improves compliance with state laws governing controlled substances. It is your responsibility to notify your medical provider immediately of any side effects of your medication.

\_\_\_\_\_ (initial) I have read and understood the above information as it pertains to **PRESCRIPTION REFILLS**.

## PRESCRIPTION REFILLS - NON-CONTROLLED MEDICATIONS

If a refill is needed for a non-controlled medication outside of an appointment, call your pharmacy to submit the request. Additionally, leave a voicemail with the nurse indicating that you have arranged for the refill request to be requested from your pharmacy. Please allow at least 72 hours (3 business days) for this request at a minimum. Remember, you must have an appointment already scheduled on your medical providers calendar to request a refill.

Plymouth Psych Group requires all patients taking medication to be seen for an appointment at regular intervals and a minimum of once per month in order to obtain prescription refills. If you have not had an appointment within three months, Plymouth Psych Group will not be able to fill your prescription. Remember that your providers schedule fills up months ahead, so please plan accordingly.

If your prescription is a controlled substance (as is the case for most medications for ADHD), please see the "Controlled Medications" section below as there are special policies for these prescriptions

\_\_\_\_\_ (initial) I have read and understood the above information as it pertains to **PRESCRIPTION REFILLS FOR NON-CONTROLLED MEDICATIONS**.

## PRESCRIPTION REFILLS - CONTROLLED MEDICATIONS

As with non-controlled medications, in general, ***all refill requests should be made during appointment times***. Exceptions are made for changes to your medication between appointments or the unforeseen need for refills/rescheduling issues beyond your control. Stimulants (most medications for ADHD, including Ritalin or its generic equivalent methylphenidate, Adderall, Focalin, Concerta, Vyvanse, etc.), and benzodiazepines are controlled substances. Since these medications are easily abused and there is an illegal market for these medications, the DEA and the Minnesota Board of Medicine monitor prescribing and refill practices for these medications. If you are prescribed one of these medications, it is critical that you follow the entire controlled medication policy. **PLEASE SEE COMPLETE PRESCRIPTION REFILL POLICY ATTACHED.**

A summary of this policy is as follows:

- You **MUST** take these medications as directed.
- If you feel you need to adjust your dose to a higher dose of the medication, you must call the office and consult with your provider prior to making any adjustments to your dose.
- You must be responsible with your medication and take measures to ensure that your medication is not lost or stolen.

If you require an early refill of your medication because you have adjusted your dose without consulting your medical provider, you are in violation of the controlled medication policy. **Medication will not be refilled early, even if it is lost, stolen or destroyed.** While this policy may seem harsh, due to the nature of these

medications, Plymouth Psych Group must be able to manage these prescriptions responsibly and, in a manner, to minimize any potential abuse or diversion.

\_\_\_\_\_ (*initial*) I have read and understood the above information as it pertains to **PRESCRIPTION REFILLS FOR CONTROLLED MEDICATIONS.**

Please be proactive in your care and track how much medication you have and how many refills remain on the prescription, and ensure you have an appointment to see the doctor before you're out of medication.

I have been provided with a copy of the practice policies. This document has been read and understood.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_