

ADVANCED PSYCH SERVICES OFFICE POLICIES

THANK YOU FOR CHOOSING ADVANCED PSYCH SERVICES (APS)

We welcome you as a patient, and appreciate the opportunity to care for your behavioral health needs. The following is APS' office policies. Please read this entire document carefully and sign at the end of the document to acknowledge that you will abide by these policies. If you have any questions, please ask the staff for more information. If you would like a printed copy of this policy, please ask one of our staff members.

1 – Appointments

We know that your time is very valuable and we make every effort to see our patients at their scheduled time. In the event that you need to cancel or reschedule your appointment, we request 24-hour's notice. If reception staff is not available to answer your call, please leave a voicemail and your cancellation will be documented. Cancellations can also be sent by email to cancel@psychma.com.

We are aware that unforeseen events sometimes occur and require missing an appointment. However, after missing your third appointment in a calendar year without notifying us 24 hours in advance, or if you miss your first scheduled appointment with any provider, you are subject to being terminated from our practice. Occasionally, due to unforeseen circumstances, we might have to cancel your appointment on the same day. You will be contacted as soon as we are aware that an appointment must be cancelled.

If it has been 6 months or more since your last completed visit, you will be considered an "inactive" patient with the practice. If you would like to again become an active patient, please speak with our intake department. Any previous balances must be paid prior to scheduling a new appointment. We cannot guarantee that we will have availability for you to be seen. Patients must have a history of treatment compliance to return to treatment.

2 – Walk-Ins

In order to best serve our patients and their needs, patients are required to have a scheduled appointments in order to be seen. Walk-ins without an appointment will not be seen and should instead speak with staff about scheduling an appointment. It is the patient's responsibility to schedule follow-up appointments at the time of their previous visit or soon after, as directed by their provider.

Many of the issues encountered and questions asked are not handled directly by your provider. If you have a question, need a refill or samples, or otherwise need to speak with one of our staff members or providers, please call our main office line and, if necessary, leave a message on the appropriate voicemail. The staff will communicate your message to the appropriate party.

If you ever feel that you have a medical emergency or other emergency then either Call 9-1-1 or immediately go to the nearest Emergency Room for evaluation.

3 – Late Arrival

We encourage patients to arrive at least 10 minutes before their scheduled appointment time for us to complete our check in process as you might be asked to verify your insurance or complete registration and assessment paperwork. If you arrive more than 15 minutes after your scheduled appointment, it will be considered missed and you will be required to reschedule. You may also be charged a fee for being late, and therefore missing your appointment, depending on your compliance history.

4 – Office and Building Rules

We expect all patients and those they bring with them to APS to respect all staff members, other patients and building rules. We have a zero-tolerance policy for disrespectful or aggressive behavior and reserve the right to terminate your treatment based on misconduct. If you have a complaint or issue, please request to speak with a member of our management team.

Smoking is prohibited in the entire building as well as within 50 feet from the entrance, as determined by the building owner. Patients who are not in compliance with this policy are subject to termination. Additionally, cell phone use is prohibited while in our office in order to prevent unnecessary commotion and disruption. If you need to use your phone, please step outside the office and be aware that you are expected to be in the waiting room when your provider calls your name to begin your appointment.

5 – Emergency Visits & Calls:

We are not an emergency facility, but make every effort to accommodate appointment needs of an urgent nature. For life threatening or emergencies, you should immediately call 911 or visit the nearest hospital emergency room.

6 – Prescriptions:

IF POSSIBLE, PLEASE CALL OR EMAIL OUR REFILL DEPARTMENT at RxRefills@PsychMA.com TO REQUEST YOUR MEDICATION, PRIOR AUTHORIZATION OR SAMPLES.

Emailed requests are preferred for documentation and tracking purposes

Please remember to allow up to **3 full business days for your refill request, Prior Authorization or preparation of samples** to be processed. If you do not leave all the required information for your request, your request may take additional time. When calling for a prescription refill, your call will be handled in the order in which it was received. Please speak slowly and clearly and provide the following information:

- Patient's first and last name and Date of Birth
- Medication being requested and dosage
- Pharmacy name and location (city and street)
- Phone number where you can be reached for any questions

Medication refills are only provided after regular appointments with your prescriber. If you do not have a scheduled appointment and are due/overdue for one, only a partial prescription will be sent to bridge you until your appointment.

Controlled Substance Medications:

Controlled substance medication is regulated by the Drug Enforcement Administration (DEA) and classified into 5 groups, Schedules I-V and by the Massachusetts Department of Public Health into a sixth, Schedule VI.

Schedule I medications are those who currently have no accepted medical use and a high potential for abuse. No medication in this schedule can be prescribed legally.

Schedule II medications are those who currently have a high potential for abuse, with use potentially leading to severe psychological or physical dependence and are considered dangerous. Psychotropic medication in this class includes “Stimulants” such as Adderall and Ritalin.

Schedule III medications are those who currently have a moderate to low potential for physical and psychological dependence; they have less abuse potential than schedules I & II. Psychotropic medication in this class includes Suboxone, a narcotic medication.

Schedule IV medications are those who currently have a low potential for abuse and low risk of dependence. Psychotropic medication in this class include Benzodiazepines like Xanax and Klonopin and hypnotic medication like Ambien.

Schedule V medications are those who currently have a lower potential for abuse than Schedule IV.

Schedule VI medications are those not regulated by DEA but have been determined at the state level to pose a level of potential for abuse and/or dependence.

You are responsible for the safe keeping of your medications and prescriptions once they are provided to you. If the medication or prescription gets lost or stolen, we do not provide replacements until the medication is due to be refilled.

Stimulant medications are only prescribed in 30-day supplies and legally are not allowed to have refills. Please do not request early refills on these medications as they will be denied.

Please be aware that patients picking up controlled substance prescriptions early on a monthly or near monthly basis will be handled as if the refills were picked up at the appropriate time. Patients should take all medication as prescribed and should never take extra on their own.

You will be directed to the emergency room if you are concerned about withdrawal due to your not taking medication as prescribed. If you are out of medication, but should not be based on the date of your original prescription, it is irrelevant that the pharmacy says you're due for a prescription unless you can explain why you took more than instructed.

Failure to comply with the above policies might result in immediate termination of care at APS or other remedial measures.

We do not call back patients for medication requests unless there is a problem. Please contact your pharmacy to see if the prescription has been sent in. You should also receive an automatically generated text message whenever APS sends a prescription to your pharmacy. If you do not receive these texts, please let the staff know.

7 – Patient Portal

APS offers an online patient portal for use by our clients. You may access your appointment times and view other information via the portal link on our website. Please see one of our staff members for more information.

8 – Medical Records and Correspondence

Before we can process any medical record request, a release form must be signed by the patient or legal guardian and provided to our staff. All release form fields should be filled out in order for us to process promptly. A medical release is valid only for one year unless stated otherwise. We work hard to process all requests as soon as possible, and they are reviewed based on the date and the order in which they were received. Some letters might take several business days to be prepared, signed, and ready to be picked up. Other official forms and record requests may take up to four weeks to be processed. Some letters and forms are required to be completed during a scheduled office visit. A fee might be applicable to process your request.

9 – Insurance, Payment and Billing Policies

Our billing is contracted with billing specialists at **Complete Billing Solutions (CBS)**. Please contact a CBS representative with any questions at 508-753-3220 Option 7. At times, you may be asked to clarify insurance issues such as non-coverage or mismatching information. Please remember that it is your responsibility to provide accurate and timely health insurance information and to be familiar with the mental health/substance abuse service benefits of your plan. APS only has a limited amount of time to bill insurance claims (most frequently 90 days) and if information is provided to us late, the patient will be responsible for the applicable self-pay rate and can seek reimbursement from their insurance.

- a. **Health Insurance Identification Card:** May be requested at each visit and is required for your first visit. Any change in health coverage or information must be reported to the receptionist or the Billing staff at the time the new coverage begins. Please remember to present your new health insurance card at the time of service. If we do not receive this new information and we are unable to bill the correct

insurance company, you will be responsible for paying our self-pay rate for your visit.

- b. **Any balance not covered by insurance**, which is recognized to be a **patient's responsibility**, including co-payments, co-insurance, and deductibles, must be paid by the client or responsible party at the time of service.
- c. **Co-Payments, Deductibles** or any other balances are due at the time of service and will be collected by the receptionist at the time of check-in. If we are not able to determine your deductible, you will be billed for this amount after the claim is received from your insurance company and are expected to pay prior to or on the day of your next visit. If you are not sure of your co-payment requirements, please call your insurance company's Member Services Department or ask our Billing department for assistance.
- d. Patients must pay their balances in a timely manner. Nonpayment of a balance will result in the termination of treatment.
- e. **Self-Pay Option:** If you do not have insurance coverage, or you choose not to utilize your benefits, or have used your allowed annual benefit; a sliding fee schedule is available to continue receiving services. If you are experiencing a severe financial hardship then you can make apply for the hardship rate. Applications require the inclusion of supporting documentation, such as tax returns or pay stubs, for our consideration.

SELF PAY FEE SCHEDULE	
Initial Evaluation	\$160
Individual or Family Psychotherapy	\$80
Group Psychotherapy	\$40
Medication Management Follow Up	\$100
HARDSHIP SELF-PAY FEE SCHEDULE	
Initial Evaluation	\$125
Individual or Family Psychotherapy	\$65
Group Psychotherapy	\$25
Medication Management Follow Up	\$75
MISSED / LATE CANCELLATION FEE SCHEDULE	
Initial / Transfer Appointment	\$100
Follow Up Appointment	\$50
Late Cancellation (within 24 hours)	\$20
Medical Records Fees	
Medical Records Request	\$15
Forms	\$40
Narrative Report	\$100
Copies of medical records (added to request fee)	\$0.50 Per page up to 100 pages \$0.25 Per page over 100 pages

Records requested by healthcare professionals rendering active treatment, or for a court appointed investigation, social security claims, federal or state financial needs-based programs are free of charge.

- f. **Return Check Fee:** In the event your check is dishonored or returned for any reason, you authorize us to electronically (or by paper draft) re-represent the check to your bank account for collection of the amount of the check in addition to up to a \$35 fee as permitted by state law.
- g. **Medicare Clients:** I request that payment of authorized Medicare benefits be made on my behalf to APS for any services furnished to me by APS. I authorize, to any holder of my medical information, the release to the Center for Medicare and Medicaid Services (CMS) and its agents any information needed to determine these benefits or the benefits payable for related services.
- h. **Past Due Balances:** If your account is past due, you will receive a letter, statement or telephone call from our Billing department reminding you of your balance. Please be aware if a balance remains unpaid, we may refer your account to a collection agency. If you have a severe financial hardship, or have questions about your bill, please call our Billing department. If a balance remains unpaid past 60 days from the date of Service, we reserve the right to terminate treatment.

10 – Additional Information

For any additional information, you can contact APS management team at:

ADVANCED PSYCH SERVICES, LLC
425 N Lake Ave, Suite 101
Worcester, MA, 01605
Tel: (508) 753 3220

I understand that I am responsible for adhering to the policies of my insurance company regarding authorizations and payment for services. I request that payment of authorized insurance benefits be made on my behalf to APS for any services furnished to me by APS. I understand that I am responsible for and will pay fees for services rendered, unless prior arrangements have been made. I understand that such payment will not be delayed while awaiting a settlement or judgment from any legal proceedings.

I, the undersigned hereby acknowledge that I have read, understood and agreed to the office policies and that I have right to request a copy of the ADVANCED PSYCH SERVICES office policies. I understand that the office policies describe how the practice uses and discloses my medical and billing information. The office policies also describe my rights and how I can receive additional information.

Full name _____

Signature _____

Date _____