

Office Policies

REFERRAL / AUTHORIZATION INFORMATION

Many insurance carriers require you to obtain a referral and/or authorization for mental health services from the primary care doctor or the insurance company.

The responsibility of obtaining a referral is that of the patient or the patient's guardian for your first appointment and thereafter, if required. Failure to get authorization may result in non-payment from the insurance. You will be responsible for any services denied by your insurance carrier due to not obtaining authorization.

You are also required to bring your insurance card and photo ID/driver's license (if under 18, the parent/guardian's ID) at the time of your first appointment. Failure to do so will cause you to be responsible for the entire visit(s) payment and any surcharges.

PRESCRIPTION REFILLS

When you see the doctor, a prescription will generally be written for your routine medication to last until your next follow-up.

It is the patient's responsibility to keep up with the follow-up appointment to obtain enough medication on time. To minimize errors and for your safety, we discourage medication refills in between scheduled appointments.

Please call the office directly at least three (3) business days before you expect to run out of medication. Our provider may refill medication only enough to cover until the next appointment.

Our provider may refuse to refill any medication if they believe it is clinically necessary to evaluate the patient before prescribing medication.

A police report is required if a medication refill is requested for a controlled medication due to being lost or stolen.

Should you need prior authorization from insurance completed by our office for your prescription, please allow up to 72 hours for completion.

CANCELLATION POLICY

Appointments scheduled at RejoiceMD are specific time slots allocated exclusively for the benefit of the scheduled patient. We will make every effort to accommodate your scheduling needs.

In return, we ask that you help us by keeping your scheduled appointments, arriving on time, and notifying us in advance if you cannot do so. Your provider and other patients are directly affected if you fail to show up for your scheduled appointment.

All appointments with the provider must be cancelled before 24 business hours (including the weekend) before the scheduled appointment. Failure to do so will result in an automatic \$100.00 missed appointment charge. If you are sick or an emergency/unexpected event has occurred, a medical doctor's note or receipt/excuse note is required to waive the charge within 30 days of the missed appointment.

I understand that, due to high call volume, calls may be routed to an automated voicemail.

I understand that the voicemails are logged with the time and date of receipt.

I understand that it is my responsibility to check and note down the appointment time at the time of scheduling the appointment and call the office to verify the date and time, if needed.

RejoiceMD will not waive the missed appointment fee because of an error on a card. Reminder calls/texts/emails are a courtesy, and it is the patient's responsibility to remember any appointments scheduled either in person, over the phone, or by a third party.

I understand that my insurance or a third party will not cover the missed appointment charge, and it is my responsibility.

I understand that if I have two or more missed appointments with unpaid balances, future appointments will be cancelled, and appointments will not be scheduled until the balance has been cleared.

Medication refills may be refused due to being non-compliant with your recommended plan of care with your provider, as discussed at the last visit, due to missed appointments.

I understand that if I am 10 or more minutes late for my appointment, I may be rescheduled and assessed the missed appointment fee.

In the event of snow or inclement weather, you may cancel an appointment with less than the required notice.

FINANCIAL POLICY

I authorize my insurance benefits to be paid directly to the provider/ Rejoice Psychiatry PLLC Doing Business As Rejoice PsychiatryMD . I am financially responsible for any balance due. I agree that if this account is not paid when due and if Rejoice MD should retain an attorney or collection agency for the collection of the remaining balance, I agree to pay all costs of collection, including reasonable interest, reasonable attorney's fees (even if a suit is filed) and

reasonable collection agency fees. I authorize the provider or insurance company to release any information required for this claim.

Not all services we provide are covered by your insurance company. Some insurance companies arbitrarily select certain services that they will not cover. While filing the insurance claims is a courtesy that we extend to patients, all charges are your responsibility from the date the services are rendered. · If your insurance coverage or your insurance carrier changes and you do not notify us within thirty (30) days of that change or at the time of the appointment, we reserve the right NOT to issue a refund. I agree to waive any insurance policy rights that require a refund of the aforementioned monies. I will be able to resubmit the claim on my own. · All service payments are due at the time of check-in unless previous arrangements have been made with our billing staff or your services are covered by a contract with the insurance carriers with whom we are in the network. · We accept all major credit cards and cash. You are responsible for knowing your deductibles, coinsurance, and/or copay amounts.

We prefer to have a card on file. Once insurance processes your claim and indicates your balance due, your card will automatically be charged, and a receipt will be emailed to you. · There is a member number on the back of your insurance card should you need to clarify your insurance plan.

I understand that if I arrive for an appointment without the proper copay, I will be assessed a \$10.00 administrative fee to cover the additional administrative cost to the Practice.

Checks will be accepted only for established patients of the Practice. Rejoice Psychiatry PLLC has a "One Bad Check" Policy. If, at any time, a check bounces, we will no longer be able to accept a check from you. Returned checks will result in a \$35.00 fee that will be posted to your account.

Any balances older than sixty (60) days and failure to pay account balances as promised may be subject to an external collection agency that may affect your credit. Any additional collection fees, including interest, attorney, and other court fees, will be added to the patient's account.

The patient or patient's legal guardian accepts financial responsibility for all clinical and administrative services provided by .

The patient or patient's legal guardian authorizes the release of any medical, mental health, or other information necessary to process a claim with the insurance carrier.

We reserve the right to charge your credit card automatically for a no-show fee after you receive a no-show fee invoice via email on file.

Other Service Charges:

Letter Charges: Determined by Provider

FMLA Paperwork: \$100.00

In accordance with RejoiceMD, the office policies, including cancellation and financial, the patient (or the patient's legal guardian) hereby understands and agrees to all of the above.

By signing this form, I acknowledge that I have read, fully understand, and will abide by the policies and fees indicated in this RejoiceMD Office / Cancellation / Financial Policy Agreement.