

# Harmony United Psychiatric Care

## Office Policies Effective 1-1-2022

This is a required form that must be completed for service

### **Missed Appointment:**

There is a charge for a missed appointments or cancellations that occur less than 24 hours (or 1 business day) prior to the set appointment time. Please know that we value you as a client to our practice, and we have set aside a specific appointment time just for you. While we understand that situations occur which may prohibit you from making it to your scheduled appointment, there is still a cost incurred by our practice even when you don't make it to your scheduled appointment. For this reason, we have a missed/cancellation fee in place as part of our office policy directives. All our providers strive to make their appointments on time, therefore; we request you arrive on time as well. If you are a new patient, please arrive 15 minutes early. If you are returning for a follow-up, please arrive 5 minutes early. If your appointment is scheduled via telemedicine, please connect 10 minutes early to allow time for troubleshooting. If you are more than 10 minutes late for your appointment you may be marked as a no-show.

**New Client Appointments:** \$100 fee

**Established Client Appointments:** \$50 fee

***\*Please note: The No-Show fee for Neuropsychological testing is different from regular appointments.***

***Please refer to NEUROPSYCHOLOGICAL TESTING missed appointment charges listed below.***

**No Walk-In-Visits:** Due to the high volume of patients, as well as the inconvenience this may cause other patients that are already scheduled, we are unable to accommodate clients that just walk into the office.

**Controlled Medications: (Narcotics/Benzodiazepines/Stimulants/Hypnotics):** The state of Florida follows all controlled substance medications in a secure website called **E-FORCSE**. Harmony United Psychiatric Care does check on patients to see what controlled substances are prescribed. If it is found that you are being prescribed the same controlled medication from another provider or getting prescriptions for other controlled medications from another provider and failed to disclose to the provider at our practice, this will be cause for termination of care.

**Stimulant/ Controlled Medication Prescription/Appointments:** If you are prescribed a stimulant or other schedule II medication you must be seen by a provider every 30 days. If you are prescribed any other schedule III-V medications (including benzodiazepines and hypnotics) you must be seen by a provider every 90 days.

**Paperwork Fee:** Forms for Disability, FMLA and other paperwork have a processing fee of \$25.00 to \$75.00 per page of the paperwork, depending on the complexity and time required to complete the paperwork. These services are not covered by insurance. This fee must be paid by you prior to completion of the paperwork.

**Insurance:** It is your responsibility to know your insurance coverage. All services rendered that are not covered by the insurance will be your responsibility for payment in full.

**Social Security Number:** Our practice requires the clients/patients or parents/legal guardians to provide their social security number to our practice if they would like to receive services through their health insurances. If anyone wishes not to provide their social security number, then they must choose to receive our services as a self-pay client. Our practice keeps your information confidential and secure.

**Minor Patients:** Patients under the age of 18 must have a parent/legal guardian attend their first appointment with them. Follow-ups for medication management appointments would require a parent to be present for at least part of the appointment. Follow-ups for psychotherapy or neuropsychological/neurocognitive testing can be done without a parent/legal guardian present during the appointment with parental consent.

**Balance/Payment:** Payment is due at the time of service. It is your responsibility to keep your account in good standing. If there is a balance, this should be paid in full, or an acceptable payment plan must be made with the Billing

15544 W. Colonial Drive, Winter Garden, FL 34787

Phone: (352) 431-3940 | Fax: (352) 431-3173 | [www.hupcfl.com](http://www.hupcfl.com)

Office. The payment plan will be approved on a client-by-client basis. Failure to keep your account in good standing can result in termination of care.

**Returned Checks:** Returned checks will result in a fee of \$35.00, plus the current balance due amount. This must be paid prior to any future appointments being scheduled or an approved payment arrangement must be made with the Billing Office.

**Medical Records:** Medical Records will be released with a completed HIPAA (Health Insurance Portability and Accountability Act) compliant medical record release form. There will be a fee charged for paper or electronic copies of medical records provided directly to the patient or to governmental or non-governmental entities. Fees:

- Records requested by someone other than the patient (Non-Governmental): Records will be charged \$1.00 per page; Sales Tax and Actual Postage will be charged additionally.
- Records requested by the patient or governmental entities: Records will be charged \$1.00 per page for the first 25 pages. For each page in excess of 25 pages, there will be a charge of \$0.25 per page. The cost of reproducing non-written records such as X-Rays will be charged at the actual cost to make the reproduction.
- There is no charge for medical records that are being sent to a healthcare provider when arranging transition of care or related to communications between healthcare providers.

**Phone Visits or Provider Callback Services:**

Telephone communication with our office staff regarding any aspect of your care (insurance, billing, medication refills, questions related to side effects of medications, prior authorization requests, medical records, any other paperwork request, etc.) is free of charge.

If you would like to request to speak with the provider over the phone directly to discuss your mental health condition, discuss your medications, to seek medical advice, or discussion about any aspect of your care, these services are billable time, and its approval is contingent upon our provider callback policy.

**Clients with Insurance:** Your phone services will be billed to your insurance carrier. Please be aware that if you have any co-pay, coinsurance, or deductible with your insurance plan then it will be applicable to these phone visits in a similar fashion as they would to your regular office visit.

**Self -Pay Clients:** Clients without insurance coverage must pay a \$100 deposit before your first visit is scheduled that can be refunded at the end of your treatments if your balance is paid. There will be a charge for every returned call by provider, billed at a rate of \$25.00 (twenty-five) for 5 mins. These calls will be billed in increments of 5 minutes.

Medication Management Self-Pay Clients:

- New Client - initial evaluation for medication management - \$325
- Established Client- Follow Up Appointments - \$225 per visit.

Psychotherapy/Counseling Self-Pay Clients: Including: Individual and Couples/Marriage Counseling

- New Clients - Initial psychiatric evaluation for psychotherapy/counseling is \$225.
- Established Clients – Follow-Up Psychotherapy Appointments - \$175 per session.
- For Marriage/Couples - the first visit with the therapist must be individual sessions for each client and then follow up visits will include both clients seeing the as a couple during the same session.

**IN-PERSON NEUROPSYCHOLOGICAL TESTING:**

Testing for ADHD/Dementia/TBI/Autism Spectrum Disorder, etc.

The Evaluation will be conducted in two to three parts. The Initial Appointment will take up to three (3) hours. The follow-up appointment will be for two (2) hours for test interpretation and any additional follow-up visit will be scheduled if recommended by the Provider.

Missed Appointment Policy: A \$150 fee charged for any New or Follow-Up IN-PERSON Neuropsychological testing missed appointment or cancellation that occur less than 48 hours (or 2 business days) prior to the appointment time. There is no missed appointment fee for Online-Neuropsychological Testing.

The Missed Appointment Fee must be paid, or an acceptable payment arrangement must be made prior to scheduling another appointment. Failure or refusal to pay the fee will result in termination of care.

Insured Patients

- An Advance Deposit of \$200 is required before scheduling your testing appointment, from which \$100 will be used to cover the cost of testing materials.
- Any missed appointment fees charged will be deducted from the Advanced Deposit.
- Any remaining balance of the Advance Deposit (\$150) will be refunded to you upon completion of the testing.

Self-Pay Patients:

- An Advance Deposit of \$300 is required before scheduling your testing appointment. This Advance Deposit will be applied towards the Testing Fee. Any Missed Appointment fees incurred by you will be deducted from the Advanced Deposit.
- Testing Fee for the Evaluation is \$1,300. This includes cost of testing material and up to a total of 6 hours for the evaluation, test administration, test interpretation, and generating the report.
- If any additional time is required it will be billed at \$200 per hour.

**ONLINE NEUROCOGNITIVE TESTING**

Testing for ADHD/Dementia/TBI/Autism Spectrum Disorder, etc., can be done on-line on a computer in the clinic office, or it can be emailed to you to be completed at home.

The Initial Appointment will take up to one hour and it is taken on the computer. An email will be mailed to you with a link to the test or you can take the test in the Clinic if you prefer. The follow-up appointment will be one hour for test interpretation and any additional follow-up visit will be scheduled if recommended by the Provider.

- The Initial Neurocognitive Test charge is \$200.00 for one hour and is scheduled in the Clinic office or the test can be sent to your email to complete On-line. The cost of this testing is not covered by insurance.
- The testing result interpretation will be part of your next scheduled follow-up visit, and if you are a self-pay client, you will be responsible for the follow-up visit fee.
- There is no Missed Appointment fee for On-Line testing.

I acknowledge that I have read, understand, and accept the office policies and I have been made aware of the availability of Office Policies in the offices of Harmony United Psychiatric Care and on the web site at hupcfl.com. HUPC reserves the right to revise and change its Office Policies at any time. It is my responsibility to obtain the most up to date Office Policies and/or to make myself aware of these policies in the lobby area of offices of Harmony United Psychiatric Care, or on-line at hupcfl.com. If I do not agree to this consent or later revoke it, HUPC may decline to provide treatment to me or my client.

\_\_\_\_\_  
Signature of Client/ Patient or Parent/ Legal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name