



## Practice Policies

Please review the following policies of Southern Psychiatry:

1. The providers at Southern Psychiatry do not file insurance. Cash or debit/credit cards may be used as forms of payment. Payment is due at the time services are rendered. You may submit a superbill/invoice you receive to your insurance for possible reimbursement. If you have Medicare or Cigna insurance, you cannot submit to insurance for reimbursement.
  - a. A copy of your insurance card will be kept on file to ensure the appropriate invoice is given to you.
2. Your appointment time is reserved for you and you only. We do not overbook or double book appointments.
  - a. If you cannot keep your appointment, 24-hour notice is required to cancel your appointment. If 24-hour notice is not given, you will be charged the full fee for the appointment time.
3. We strive to run on time and will see you promptly as scheduled. Please arrive five to ten minutes prior to your appointment to ensure enough time for check-in.
  - a. If you are more than ten minutes late for your appointment, you will be considered a “no-show”, which means you will not be seen for an appointment, will be charged for the appointment time, and will be asked to reschedule.
4. If you begin any new medications, become pregnant, or have any changes in your health, please notify your provider immediately as this may affect your treatment.
5. Our providers are not in the office every day and schedules vary between the providers. Our providers check messages regularly. Please call the office if you have a question, are experiencing side effects from or problems with your medications.
  - a. Please allow two business days for a return phone call.
  - b. If you are having a life threatening emergency or are experiencing suicidal thoughts or homicidal thoughts, please go to the emergency department or call 911.
6. You are responsible for scheduling an appointment before your prescription(s) run(s) out. If you request a prescription to be called in to the pharmacy outside of your appointment time, there will be a \$25.00 charge.
  - a. If a medication is called in to the pharmacy between appointments, you must schedule and come for an appointment within 30 days. No further prescriptions will be given until you have been seen.

(Over →)
  - b. Controlled substances (Concerta, Vyvanse, Adderall, Focalin, Xanax, Ambien, Restoril, Serax, etc.) will not be called in to a pharmacy for any



# Southern Psychiatry

---

reason. You must come to the office for an appointment to receive a prescription for these medications.

- c. We do not respond to refill requests from pharmacies for prescriptions. All refill requests must be made by the patient or parent/guardian. This reduces the risk for medication errors.
7. Due to the overwhelming amount of paperwork that has come from insurance companies, a \$25 fee will be charged for prior authorizations performed on your behalf.
  8. There will be a \$25 fee for any letters or forms requested to be completed outside of scheduled appointment.
  9. If you decide to terminate treatment at Southern Psychiatry at any point, please call the office and inform the staff. If you have not been seen within one year, your chart will be closed. If you decide that you want to resume services, reopening your chart will depend on the availability of your provider.
  10. Obtaining the same or similar controlled substances from multiple physicians is illegal and is cause for immediate dismissal from our practice. At any point, our providers can request a urine drug screen, which must be completed within 24 hours of the request.
  11. Noncompliance with treatment recommendations (including the need for psychotherapy), multiple missed appointments/late arrivals, and/or nonpayment for services may result in dismissal from the practice. If this occurs, you will be notified in writing that you have 30 days to find alternative care, you will be given the names of other providers who may be able to provide care, you will be provided a prescription for a 30 day supply of medication(s) if requested, and you will be provided 30 days of emergency coverage.

My signature confirms that I have read and agree with the above Practice Policies.

\_\_\_\_\_

**Patient**

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Parent/Guardian**

\_\_\_\_\_

**Date**