Policies and Procedures

PRESCRIPTION REFILLS: Refills not made during scheduled visits may be requested via email, fax, or phone. If you choose to utilize our prescription refill service, you will be charged an administrative fee of $25 that will not be billed to or reimbursed by your insurance carrier.

LATE CANCELLATIONS/MISSED APPOINTMENTS POLICY: We understand there are times when you must miss an appointment due to emergencies or obligations to work and family. If an appointment is not cancelled at least 24 hours in advance, you personally will be charged a **$60.00** cancellation fee, (you, not your insurance company). If you fail to show or call, you will be charged an **$80.00** no show fee. Should you cancel less than 24 hours prior to, or fail to show up for your scheduled initial evaluation, you will be held responsible for evaluation fee of **$400.00**

FEES: At the time of your visit, we will be glad to discuss our fee structure for specific diagnostic/treatment procedures. You will be expected to pay your deductible and/or co-payment at the time of each visit. We will bill your primary insurance carrier if you have signed the authorization section below and if we participate with your health plan.

INSURANCE COVERAGE: Insurance companies and employer plans vary significantly in how they administer mental health benefits. We strongly urge you to know what deductibles, co-payments, visit and/or benefit limitations, authorization requirements, and exclusions your plan may include. If we have submitted a claim to your carrier, we will receive an Explanation of Benefits (EOB) from the plan. Chisovereign will use this information to determine your responsibility for full payment. You should review the EOB that is sent to you by the plan carefully. If you feel that they have made an error in administering your benefits, please call them directly to have it corrected. We will use the EOB as a final determination of benefits available.

NOTIFICATION OF CHANGES
We ask that you notify our office immediately of changes in the following information:
~ Name, address, or phone number changes
~ Change in Insurance Carrier
~ Change in Primary Care Physician
~ Change in marital status

RETURNED CHECKS: There is a $25 (Twenty-five) charge for any returned check from your bank.

I understand and agree to abide by the above policies and procedures:

Responsible Party Signature________________________________ Date of Signature___/___/___