**Office policies Mary Jo Lamb APN**

* THIS PRACTICE DOES NOT CALL TO REMIND PATIENTS OF APPOINTMENTS.
* MUST GIVE 48 HOUR NOTICE FOR CANCELLATION OF APPOINTMENTS
* Cancellations done after 48 hours will be evaluated on a person-to-person basis for example illness.
* Note: Frequent cancellations within 24 hours will result in referral and termination from practice.

FAILURE TO GIVE NOTICE CHARGES AS FOLOWS:

* + INITIAL EVALUATION $250.00 -1 HOUR
  + IF YOUR APPOINTMENT WAS SCHEDULED FOR 45 MIN CHARGE $150.00 MY STANDARD FEE FOR PAYMENT OUT OF NETWORK (I DO NOT GO BY YOUR INSURANCE REIMBURSEMENT)
  + IF YOUR SCHEDULED FOR 30 MINUTES CHARGE IS $100.00. MY STANDARD FEE FOR OUT OF NETOWRK (I DO NOT GO BY YOUR INSRURANCE REIMBURSEMENT)

OTHER OFFICE POLICIES:

Fee for forms to be filled out unless done in session. (25$-undetermined amount) depending on length and depth of letters and forms.

The patient is solely responsible for the outcome of this office billing insurance company. If you have any copays, co-insurances or in network deductibles it the patient’s responsibility to know prior to this appt.

Failure to alert provider to any changes in insurance, will result in client paying for entire bill. Insurance companies have “DEADLINES” to submit claims for reimbursement. Please identify to this office your mental health provider. Failure to notify this office of the correct insurance plan, will result in the patient paying for out of network benefits. We do NOT submit claims on your behalf for out of network benefits.

If you choose to use out of network benefits, because we do not accept your insurance plan, you pay us up front full out of network fee and then it is your responsibility to submit it yourself to the insurance with a form we provide for you.

# I DO NOT PARTICIPATE IN MEDICARE/MEDICAID IN THIS OFFICE. I DO NOT PARTICIPATE IN ANY UNITED HEALTHCARE PLANS, OXFORD PLANS, OSCAR PLANS, AMERIHEALTH PLANS, AND THE MAGELLAN BEHAVIORAL HEALTH PLAN.

* + IF THE OFFICE IS PRESENTED WITH THE WRONG INSURANCE INFORMATION, the

patient is solely responsible for all financial outcomes of this mistake. Please identify that your plan is the provider for mental health, some plans, have carved out different insurance companies for your mental health benefits.

At time of service, copays / co-insurance is mandatory and in network deductibles must be paid. It is the clients TOTAL RESPONSIBILITY, for any payments accrued, if the provider was not made aware of the correct mental health coverage at time of service.

I SPEND EXTRA PERSONALIZED CARE WITH MY CLIENTS

CODES CPT ARE (90833 90836)( 99212-99215) are part of the coding of the session for prescribing medication and coding 90833-90836 is determined by the amount of education, psychotherapy or any information or psychoeducation given to client in the EM session. The cpt codes are not necessarily based on time, but acuity of problems. If a patient presents with a complex session, regarding medications the cpt code is higher and the fee is higher. Pure psychotherapy or family therapy codes are different than above and are given correct CPT code according to time allotted.

Balances need to be paid in full before next apt.

If this provider asks for urine drug screen and -patient refuses, they are terminated from the practice. Not showing for appointments on a consistent basis, or frequently cancelling appointments may result in termination from the practice.

A psychiatric practice is quite different from your primary care doctor, we set aside a specific time for your appt (one hour, 45 min or 25-30 min) depending on service needed). We don’t overbook or make you wait for your session.

If there are no shows or frequently cancelling at last minute, we are unable to put other patients on the schedule on our waiting list, and this affects the overall functioning of the practice.

PHARMACY REFILLS CRITERA:

* + I DO NOT REFILL MEDS OVER THE PHONE. IT IS THE CLIENT S RESPONSIBILITY TO KEEP TRACK OF THEIR SUPPLY OF MEDICATIONS.
  + PATIENTS WHO CANCEL APPOINTMENTS OR DON’T SHOW UP FOR APPT WILL NOT

HAVE MEDICATIONS REFILLED UNTIL THEY ARE SEEN IN THE OFFICE. If you cancel a

scheduled appt, it is client’s responsibility to make an immediate appt, in order to get med refills.

Controlled medications (as mandated by law) will not be refilled over the phone until the patient is evaluated in an appointment.

If your insurance company mandates a 90-day supply, its at the clinical decision of the provider to dispense this amount of medication. The provider may ask client to be seen sooner than 90 days to ensure safety issues and evaluate client.

COMMUNICATION WITH PROVIDER:

MONDAY THROUGH FRIDAY please use VM or text 9 am- 6pm at this number (908) 240-3311. After works hours and weekends please leave voicemail at 908 240-3311

Please do not email provider with pertinent clinical information or questions regarding medication, emails are not proficient way to communicate medication needs.

SIGN BELOW IF YOU AGREE TO THESE POLICIES IF NOT I CANNOT SEE YOU AS A CLIENT NAME: DATE: