

SENIOR ADULTS SPECIALTY HEALTHCARE PRACTICE POLICIES

Please enter you initials on each line verifying reading and accepting policies below.

Services Provided _____

Senior Adults Specialty Healthcare, P.A. provides psychiatric, neurology and/or psychological evaluation and treatment. These treatments may involve medications such as antipsychotics, antidepressants, anxiolytics, mood stabilizers, hypnotics, vitamins, cholinesterase inhibitors, stimulants, monoclonal antibodies and adjunctive agents. Our dedicated staff understands the needs of patients and their families and here to help optimize quality of life. Our practitioners work in collaboration with our patients and families and therefore risks and benefits of treatments prescribed will be discussed and the patient has the right to refuse any and all medical treatment.

Insurance and Financial Agreement _____

Senior Adults Specialty Healthcare gladly accepts Medicare assignment which means that Medicare pays SASH directly. SASH is on most supplemental insurance plans that usually cover the remaining patient cost.

For patients that have an insurance that we do not participate in network we accept private payment.

Account balances

We will require that patients with self-pay balances pay their account balances to zero (0) prior to receiving further services by our practice.

Patients who have questions about their bills or who would like to discuss a payment plan option may call and ask to speak to our business office representative to review their account and concerns. Patients with balances over \$100 must make payment arrangements prior to future appointments being made.

SCHEDULING, CANCELLING and NO SHOW _____

New patient appointments usually last about 60 minutes with follow up appointments at 20-30 minutes.

Please be on time! If you are 10 minutes late, we may have to reschedule you for another day.

If you must cancel an appointment, please give us a 24-hour notice so we may give another patient an opportunity for an appointment.

There will be a \$75.00 charge for late cancellations (cancelled less than 24hrs) or missed appointments and this is not covered by your insurance.

If you miss 2 appointments without calling to cancel within 24 hours you will not be rescheduled for future appointments.

PRESCRIPTION REFILLS _____

Our practice sends prescriptions through electronic prescribing software. E-prescribing software sends prescriptions over the internet to your pharmacy in a safe, secure way, through the same technology used by credit card companies. This helps protect the privacy of your personal information.

If you need a prescription refilled, please contact your pharmacy directly and allow 3-5 business days to process your request so that you do not run out of important medicine. Prescription refills are processed by the office during normal business hours Monday-Friday.

Controlled substance schedule II medications (stimulants) will not be refilled on Fridays or over the weekend.

PHOTO IMAGE _____

Your photograph is taken for your medical record only to help our staff identify you and personalize your service. The picture is taken by a staff member and recorded to your chart only. Please initial one of the statements below.

_____ I authorize my photographs to be used only for my medical record and will not be shared with any other organization.

_____ I decline to have my photograph taken.

EMERGENCIES and AFTER HOURS _____

In the event of a medical emergency, patients or family should call 911 or go to the nearest emergency department.

We do not have an after-hours provider. If you need to leave a message after hours in regards to you care, please include in your message that this is an urgent matter and we will work to get the call returned the next business day.

FORMS/LETTERS _____

Providers are asked to complete miscellaneous forms for patients such as long-term care insurance forms or to write letters on their behalf. There will be a \$100 charge for completion of forms and letters.

PRIVACY OF MEDICAL INFORMATION _____

This Notice of Privacy Practices tells you about the ways we may use and disclose your protected health information (“medical information”) and your rights and our obligations regarding the use and disclosure of your medical information. This Notice applies to Senior

Adults Specialty Healthcare, including its providers and employees and a full copy is available in the office.

MEDICAL AND FINANCIAL CONSENT

I have been referred to or chosen Senior Adults Specialty Healthcare, P.A for psychiatric, neurology and/or psychological evaluation and treatment. I have been made aware of my right to refuse any and all medical treatment. I will be informed of the risks and benefits of treatments prescribed.

I understand that these services will be billed, and I request that payment of authorized Medicare/Medicaid and/or other private insurance benefits for any services provided be made to Senior Adults Specialty Healthcare, P.A. I authorize any holder of medical billing information needed to determine these benefits payable for related services concerning the patient be released to Senior Adults Specialty Healthcare, P.A. I further understand that any allowable amount not covered by insurance will be billed to the responsible party.

I have read a copy of the practice policies outlined above. I have been given an opportunity to ask questions and understand the policies as they are described.

Consent for treatment will be valid until services are requested to be discontinued in writing.

Disclaimer: By typing your name below you are signing this application electronically. You agree that your electronic signature is the legal equivalent of your manual signature on this form.

Patient's Name: _____

Signature of Patient or Responsible Party

Date signed: