**OUTPATIENT MENTAL/MEDICAL HEALTH CLINIC: CONSENT TO TREATMENT AND POLICIES**

**Payments is due at Time of Service:**

All co-pays,coinsurance or deductibles must be paid at the time of service. Balances owed form previous visits are expected to be paid in full at the time of your appointment. If a parent or another party takes responsibility for payment, the patient is still required to bring that payment to the appointment. **We accept. Cash, Money Orders and Credit Cards.** **THERE WILL BE A $3 TRANSACTION FEE ON ALL CREDIT/DEBIT CARD TRANSACTIONS.   Initials\_\_\_\_\_**

**Cancellations:**

**When an appointment is scheduled, that time is reserved for you. A $25 fee will be charged for failure to cancel within 24 hours.** Our answering machine is available to relay cancellations when the office is closed. Emergencies may be excluded from this charge at the discretion of the Office Manager. **The $25 fee is also charged for No-Shows (not appearing for a schedule appointment). NO EXCEPTIONS.    Initials\_\_\_\_\_**

**Emergency Calls:**

Ifyou are calling weekdays after 7PM or on the weekend, you will reach our answering machine. If you are experiencing an emergency, please hang up and contact 911 or Crisis Intervention. If your call is not an emergency, please leave a detailed message expressing the nature of your call and someone will return your call the next business day. If you want your therapist/provider to know that you are running late or unable to attend an appointment scheduled for that evening, please leave a message and our staff will periodically check our answering machine and notify our therapist/doctor as soon as possible. **Initials\_\_\_\_\_**

**Scheduling Appointments:**

Clients are responsible for scheduling their own appointments and keeping track of their treatment plan. Failure to consistently follow plan of care will result in removal from the schedule. Clients with two (2) consecutive cancellations will be discharged**. NO EXCEPTIONS.Initials\_\_\_\_\_**

**Same-Day Appointments:**

Same-day appointments are not guaranteed and are only a few available if there is an opening. Appointments are available on a first come, first serve basis**. Initials\_\_\_\_\_**

**Insurance Benefits and Billing:**

Health insurance is a contract between you and your insurance company. For those companies with which we participate. We will file claims as a courtesy to our clients. ***However, we cannot bill your insurance unless you provide a copy of your insurance card/virtual card and ID.*** We will not become involved in disputes between you and your insurance company regarding deductibles, co-payments, coinsurance, covered charges, secondary insurance, etc., other than to supply information as necessary, if you choose to use your insurance benefits. **YOU are responsible for calling your insurance company to obtain co-pays, deducible, and benefit information**. If you have an overpayment on your account, it will be credited to future visits. It is your responsibility to be aware of your plans annual visit limits, deductible amounts, percentage of charges your insurer will pay, and non-covered services. If requested, you will be provided with an invoice for services that contain all information necessary for you to bill your claims.**Initials\_\_\_\_\_**

**Minor Clients:**

In the case of divorced or separated parents, the person accompanying the child/children is responsible for payments at the time of services. If there is a court order in effect and payment is not made in advance by the party responsible per the court order, payment must be made at the time of services by the adult accompanying the minor and reimbursement will be the responsibility of the parties involved. **Initials\_\_\_\_\_**

**Lost or Misplaced Prescriptions:**

Due to increasing administration cost there will be a $20 fee for lost or misplaced prescription. We willNOT rewrite lost or misplaced controlled substance prescription. **NO EXCEPTIONS. Initials\_\_\_\_\_**

**Prescriptions Refills:**

Prescription refills can only be fulfilled during regular business hours, 7am-6pm Monday through Friday. We will **NOT** accept refill requests on weekends or after business hours. Clients, who have not been seen in over 30 days, **must see a provider** to receive refills or change medications**.  NO EXCEPTIONS. Initials\_\_\_\_\_**

**Medical Records, Letters and Completion of forms:**

Chivic Healthcare Services charges a fee for medical records, letters and completion of forms which varies from $25 to $200 based on complexity. Please allow one week from the date the request was made for the information to be available**.   Initials\_\_\_\_\_**

**Termination of the Provider or Therapist Client Relationship:**

If you have **NOT** been treated by your preferred provider in 3 months or longer, you are no longer considered a client, therefore no request for forms, documents or prescription will be honored. You must seek another provider by calling your insurance company to obtain further treatment. If you miss (2)consecutive appointments **without notice, you will be discharged from *Chivic Healthcare Services*.   Initials\_\_\_\_\_**

**I CONSENT TO RECEIVE OUTPATIENT MENTAL/MEDICAL HEALTH TREATMENT AT CHIVIC HEALTHCARE SERVICES LLC. INCLUDING PSYCHIATRIC EVALUATION, MEDICAL TREATMENT, WELL AS MEDICATION MANAGEMENT.**

This is to certify that I have read and understand this document.

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Signature of Responsible Party                                                                           Date

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   Print Name