

Psychological Medicine

Patient Orientation Policies

Welcome to Allegan General Hospital's Outpatient Psychological Medicine center. In our efforts to provide you with the best mental health services, we have found it necessary to enforce the following policies;

A. CALL US IF YOU NEED TO CANCEL AN APPOINTMENT

If you cannot keep your appointment, we require that you call our office 24 hours in advance to cancel the appointment, as well as reschedule or confirm future appointments. There is a charge of \$50 for every appointment that is missed and not properly cancelled. The advanced notice in cancellations will allow us to prepare for efficient use of that time spot.

B. THREE "NO SHOWS" IS OUR LIMIT

If you miss three appointments without contacting our office we reserve the right to cancel any future appointments that you have scheduled. If your appointments are cancelled for this reason, treatment will be discontinued.

C. BE ON TIME FOR YOUR APPOINTMENT

If you are late for a scheduled appointment, we may not be able to see you, or you may receive a shortened session. If you know that you are going to be late we ask that you please call our office. The advanced notification will allow us to let you know if you will be able to be seen on that day. It is very important to our staff and patients that we stay on schedule.

D. KNOW YOUR HEALTH INSURANCE BENEFITS

You should have already contacted your insurance carrier for benefit information. You may find it necessary to contact your insurance carrier for questions, regarding payments, denials, and benefit changes. Please review your benefits before calling our office for insurance information. Insurance co-payments are due at the time of the appointment. You are responsible for knowing the co-pay amount. **Note that behavioral medicine often has a different co-payment than a medical office visit.** The office will submit a claim for services once as a courtesy. Any insurance benefit received and paid to Psychological medicine will be credited to your account. If your insurance carrier denies payment, you will be responsible for payment. Psychological Medicine is unable to send a claim for you if you have not provided current and complete information. In the event you request a claim be resubmitted on your behalf, you may be charged a rebilling fee.

E. BLUE CROSS AND BLUE SHIELD, PPO MEMBERS

If you are a member of a PPO plan, you must receive a referral from a PPO provider in order for you to avoid higher "out of pocket" costs. **A referral form must be completed by an "in-network" provider and received in the Psych Med office before your second appointment. Returning the form on the day of your 2nd appointment is acceptable. Please know that if you wish to continue receiving services, without a signed referral form from and "in-network" provider, you may call the Allegan Medical clinic and request an appointment. The number to call is 269-686-5800.**

Patient Orientation Policies (continued)

F. REVIEW YOUR MEDICATIONS

Please ask your doctor for prescriptions and prescription refills at your visit. If you run out of a prescription between appointments, we ask that you call us a few days before your prescription is completely out to ask for a refill. Request any medication you will be out of in the next seven days to limit repeat calls. It takes time to look up patient information and medication information so we also ask that you give our office **5business days** to call your prescriptions refills into the pharmacy of your choice. If you are requesting a refill please give us your **name, your date of birth, your psychiatrist, the medication** you need refilled, **the pharmacy** and **pharmacy phone number** where you would like the medication called in. If you call and get the answering machine, please leave the same information so that we can be as quick as possible in serving your needs. Calls received **after 4:00pm or on Tuesday or Thursday** will not be handled until the next business day.

G. WORKERS COMPENSATION

It is your responsibility to get us your workers compensation information for billing. You must notify us of any changes in workers compensation and any new information as it presents itself for your workers compensation. If you cancel any scheduled appointment it is your responsibility to notify your case manager or employer. Any cancellations or missed appointments may directly affect your disability benefits with your carrier, so please be sure to always keep your case manager aware of all appointments and appointment changes.

H. ACCIDENT VICTIMS

If you were involved in an accident that is directly related to your treatment, we ask that you let our office know so that we can bill your insurance properly. At the time of the appointment you must have all of your insurance billing information or you will be responsible for the cost of the appointment.

I. INFORM US OF CHANGES

If you have any changes in personal information it is your responsibility to let our office staff know as soon as the change takes place. Some changes would be; name, address, phone number, insurance information, drug allergies, or new medications. The most current updated information is necessary in serving you more efficiently.

J. WE PROTECT OUR PATIENT INFORMATION

Secondary to liability and confidentiality, only patients are allowed in the session, unless directly involved with patient's care. If you have invited a friend, family member, spouse, or child to attend a session, we ask that you notify our office and that you sign a release of information sheet. This is important in protecting your personal information and keeping our patient information confidential.

K. WE VALUE YOUR INPUT

Please take the time to let us know if you were satisfied with the services you received and complete the Customer Satisfaction survey included in the Orientation Packet.

We thank you for your consideration in these policies. They are important for proper progress in your treatment and for efficient use of not only your time, but the time of our office staff and other patients. We are glad that you chose our office for care, and we look forward to working with you.

Signature _____ **Date** _____

Witness _____ **Date** _____