



PsychNP Wellness Center, LLC.
658 Kenilworth Drive Suite 206
Towson, MD 21204
Phone: (443) 841-7550 Fax: (443) 841-7572

Practice Policies

OFFICE HOURS

Regular office hours are 9:00 a.m. to 5:00 p.m., Monday - Friday. Appointments outside these hours may be made at the provider's discretion. Clients are seen by appointment only and walk-ins are not accepted. If you need to be seen in an emergency, it is recommended that you go to your nearest emergency room or call 911 and then inform your provider of the emergency.

APPOINTMENTS. TIMELINESS AND CANCELLATIONS

When you schedule an appointment, that time is set aside specifically for you. By making an appointment, you accept responsibility to pay the full fee for the professional time that is reserved for you. If you must cancel an appointment, you agree to do so as early as possible and the office will attempt to reschedule for a time convenient to you.

The professional practice of PsychNP Wellness Center, LLC has a policy of charging clients a fee of \$100 for any appointment that the client fails to attend *unless the appointment is canceled at least 24 hours in advance*. If you cancel or reschedule more than 24 hours in advance, you will not be charged a fee for that appointment time, as we will be able to offer that appointment to another client. This policy is strictly enforced, and exceptions will only be made for emergencies that occur within the 24-hour period prior to the appointment. Documentation is required to support the need for cancellation such as an ER/Doctor report, receipt from car repair, etc.

"24 hours in advance of an appointment time" is defined as the time and date on the business day prior to the scheduled appointment time and date. For example, if your appointment is set for 4:15 on Friday, your cancellation must be communicated to the provider no later than 4:15 on the preceding Thursday to avoid being charged for the cancellation. Cancellations for appointments on Mondays must be communicated by the time of the scheduled appointment on the previous Friday.

Appointment reminders are a courtesy service and failure to receive an appointment reminder is not an exception to the no show and cancellation policy.

If you miss two (2) or more scheduled appointments without giving proper notification of cancellation, you may be discharged from the practice.

It is important that you arrive on time, preferably 5 minutes early, for your scheduled appointment so adequate time is available to manage your care. Because most appointments are scheduled at 20-50-minute intervals, if you are more than 5 minutes late for your appointment, there is no guarantee that you will be seen, and you may be required to reschedule. If you arrive late and can still be seen, you may have to wait, to not inconvenience other patients.

On rare occasions, your provider may need to cancel and reschedule your appointment. In this case, your provider will provide you with a new appointment and will ensure that you have enough medication to last until you can be seen again. It is important that if your contact information changes, you inform our office so we may reach you in these circumstances.

CREDIT CARD EASY-PAY CONSENT & PAYMENT POLICY

We require that you provide us with a valid credit card number to keep on file. Patients must complete and sign the Credit Card Authorization Form which authorizes PsychNP Wellness Center, LLC. to charge the credit card for balances due: including copayments, deductibles, missed appointment fees and no-show fees.

PHONE CALLS/EMAIL CONTACT

Your provider has scheduled appointments throughout the day and may not be able to answer your call at the time it is placed and consequently, you may need to leave a message. Please provide all pertinent information, including patient name, callers name, concern, and contact number(s) so that your provider can address your calls as efficiently as possible. Your provider will contact you within 48 hours, during regular business hours, unless you report in your message that your call is an emergency. (See policies regarding emergency calls). Calling multiple times will not expedite the process. Calls that require an excess of 10 minutes for your provider to address are subject to charges. *Do not* contact your provider or the office of PsychNP Wellness Center LLC by email in the case of an emergency.

EMERGENCY. AFTER HOURS. WEEKEND AND HOLIDAY CALLS

A provider is not on-call to address your emergent needs. Please go to the closest emergency room or call 911.

PRESCRIPTIONS/REFILLS

If you are prescribed medication, you will be provided with enough medication to cover you until your next scheduled appointment. There should be no need for requests for refills if you keep your scheduled appointments or schedule promptly.

If a refill is required due to your failure to book a timely appointment or keep an appointment, *you will be charged for this service*. Refills will only be approved for current clients who have scheduled follow-up appointments. *All refill requests should go through the patient portal. Please allow the provider two business days to process your request.*

OUT OF POCKET/SLIDING FEE SCHEDULE

Medication Management (30 minutes)	\$125.00
New Patient Intake (60 minutes)	\$275.00
Medication and Therapy (50 minutes)	\$200.00
Therapy Only (50 minutes)	\$150.00

FREQUENTLY NON-COVERED PROCEDURES AND TREATMENTS:

Private insurance will only pay for services that it determines to be "reasonable and necessary" under section 1862 (a) (1) of the Medicare law. If your insurance company determines that a service or treatment is "not reasonable and necessary" under Medicare program standards, then they will deny payment for that service or treatment unless explicitly stated the service or treatment would be otherwise covered. Under these circumstances, a bill is not submitted to your insurance company and these charges are your responsibility.

- Preparations of Evaluation Reports/Treatment Summaries
- Consultations/Records Review
- Telephone Consultations
- Email Consultations
- After-hours, Non-Emergency Calls
- Medication Refills (between appointments)
- Medical Records Requests
- Completion of letters, reports, FMLA paperwork, SSI Paperwork, Treatment Plans
- Unpaid Balance/ Late Charges
- Returned Check Fees
- No Show/Late Cancel Fees

SERVICE FEES (Subject to change)

**Please note you will not be seen or authorized refills if balances are unpaid*

No Show/Late Cancel Fee	\$100.00
Preparation of Reports (per hour)	\$150.00
Urine Drug Screen	\$25.00
Telephone Consultations more than 10 minutes (per quarter hour)	\$40.00
Email Consultations more than 10 minutes (per quarter hour)	\$40.00
After Hours, Non-Emergency Calls (per quarter hour)	\$40.00
Medication Refills (between appointments) + postage, if mailed	\$25.00
Medical Records Request, per page after 5 pages + postage, if mailed	\$0.50
Letters, reports, or treatment plans more than 10 minutes (per quarter hour)	\$25.00
Unpaid Balance/Late Fee (per month after 30 days)	\$25.00
Returned Check Fee	\$25.00
In- House Drug Testing Fee	\$25.00

*For Medical Record Request/Letters - Please allow 7 to 14 business days for the information to be sent/mailed (see fee schedule)

*Expedited fees will apply - please allow 2 – 5 business days

- urgent forms: \$25 in addition to the service fee
- urgent letters: \$50 in addition to the service fee

*You are responsible for your portion of any forms that needs your signature, etc.



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Patient Agreement

I understand that the services listed above are not typically covered by my insurance company, who will deny payment.

I am aware that the list of fees for these services has been disclosed to me and is available for future reference in the Practice Policies.

I agree to be personally and fully responsible for any charges related to the services listed, above regardless of the insurance company's determination of benefits.

I acknowledge that I have been notified of the policies regarding missed and cancelled appointments, phone calls and email contact, after hour's calls and prescription refills.

Client Name: _____

Client Signature: _____

Date: _____