BLUEBONNET FAMILY PSYCHIATRY, PLLC 25420 Kuykendahl Rd., Suite A-200 The Woodlands, TX 77375 (832) 520-2450

# **CLINIC INFORMATION, FINANCIAL POLICY & CONSENT TO TREAT**

### **OFFICE HOURS:**

By appointment.

#### **NEW VISITS:**

New patient paperwork prior to your initial psychiatrist appointment will include Emails from Simple Practice (EMR and patient portal) and Headway (billing).

#### **PATIENTS UNDER 18:**

All patients/clients under 18 years old must be accompanied by a responsible caregiver. The adult does not have to stay in the session, but your provider will need to talk to the caregiver if there is an acute deterioration in illness or about medication changes. Any child who comes to an appointment without his/her guardian will be asked to reschedule.

#### **INSURANCE INFORMATION / PAYMENT**

We are currently in network with Cigna, Quest, Carelon, and Aetna. We do <u>not</u> currently accept Medicare (including BCBS Medicare) and Medicaid. We work with a billing company named Headway and Headway will get information from us such as billing codes, diagnostic codes and treatment plans.

If we are not in your insurance network, you can self-pay and apply to your insurance for any possible benefits. For self-pay fees, please contact the clinic. No refunds are given once a service has been rendered or per appointment policy below. The service fees are set to a fair market rate and are not subject to negotiation.

There will be an additional fee charged for the completion of forms such as disability, family medical leave (FMLA) or any other miscellaneous forms or correspondence not related to the reimbursement of a claim. The fee will be determined based on the level of efforts required for the completion of paperwork and is due at the time of the form pickup.

We accept cash / Zelle, personal checks, and most credit cards (Visa, MasterCard, American Express, and Discover. There will be a 3.5% credit card fee if using a credit card for payment. There will be a \$25 fee plus any bank fee that may apply for returned checks.

#### MISSED/CANCELLED APPOINTMENT POLICY:

- It is the patient's responsibility to arrive for their appointment in a timely manner. The staff may send reminder emails and texts, but it is responsibility of the patient to keep up with the appointments.
- The fee for a missed or cancelled appointment within 24 hours is \$100. All no-show fees are charged to credit card on file.
- Please note that multiple cancellations and no-shows will result in dismissal from practice.

All New Patient Paperwork must be completed and sent to our office three business days prior to your appointment. If it is not received promptly, your appointment will be canceled.

# **MEDICATION REFILLS:**

- If the patient needs a refill on medication, send a secure message through the patient portal with the name and number of the preferred pharmacy and the name of the requested medication for refill.
- If the provider wants to see the patient within a specified time frame then a refill will not be provided until the patient is seen.
- If the patient misses their follow up appointment, then no refill will be provided until they are seen.

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• Please be advised that if you have missed appointments, you may be denied a refill until you return for a scheduled appointment. No routine refills on weekends.

### **CONTROLLED MEDICATION**

- The physician has the right to refuse to write a prescription in their sole discretion.
- The physician will authorize a limited amount of medications and verify the patent is not getting refills earlier than sanctioned.

### **COMMUNICATIONS**

This office recommends that all routine clinical matters be communicated during the appointment. This is to uphold the highest standard of care and for your own safety. Any communication outside the appointment (phone calls, text, email, fax, etc.) may be added to your chart.

The office may not be immediately available to answer your phone but will make every effort to return your call as soon as possible, generally within 24 hours. Messages are checked during business hours only and should not be used for a matter requiring urgent attention.

- We utilize an online patient portal to view upcoming appointments, payment statements, and electronic communication with staff. Information that is entered into the portal is encrypted and automatically becomes part of your electronic health record.
- No one can diagnose your condition via email or other written information and communication via portal cannot replace scheduled appointments with your physician.
- In case of emergency, please call your crisis intervention, 911 or go to your nearest emergency room or hospital.

### **AFTER HOURS CARE:**

In a life-threatening emergency, please call your crisis intervention, 911 or go to your nearest emergency room. For non-emergency matters please call our office number 832-520-2450 and leave a message with our office. Calls will be returned on the following business day.

# **TERMINATION OF DOCTOR/PATIENT RELATIONSHIP:**

The provider reserves the right to terminate the doctor/patient relationship at their discretion. Reasons for termination may include but are not limited to failure to follow treatment plan, untimely unpaid balances, history of missed appointments, tampering or refusal of drug screen, verbal abuse of staff and lack of good fit. The patient (or the patient's legal representative) has the right to terminate treatment at his/her discretion. Upon either party's decision to terminate the relationship, the provider will continue emergency care for at least 30 days and recommend more appropriate resources.

## **LEGAL AND COURT-RELATED MATTERS:**

Dr. Danwar with Bluebonnet Family Psychiatry does not take part in court-related matters, such as divorce cases or suits affecting the parent-child relationship (custody and/or child support).

## **CONSENT TO TREATMENT:**

I authorize and request my provider to carry out evaluations and treatment plans for myself, my minor child or legal ward.

Paperwork will be needed for any guardianship. I understand that the plan will be explained and is subject to my agreement.

Patient/Guardian Signature: _			
Date:	_		