

# Atlanta Psychiatric Specialists, PC

*Ross F. Grumet, MD*

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## Treatment Agreement

**OFFICE HOURS:** Our office hours are Monday through Friday 9:00 am to 6:00 pm. We accept appointments from 9:20 am to 5:20 pm Monday thru Friday.

**EMERGENCIES:** An automated voice-mail system is available 24 hours a day, 7 days a week at (404) 685-9414 for emergency calls or cancellations. Messages left on our voice-mail system will be returned within one business day. In the event of a life threatening emergency, please call 911 or contact your local emergency services provider.

**CANCELLATIONS AND NO-SHOWS:** Missed appointments or appointments that are not cancelled at least 24 hours in advance will be charged an administrative fee of \$85.00. This fee is not covered by insurance. We will be unable to schedule any additional appointments until this fee has been paid. We offer a courtesy reminder call the day before scheduled appointments and document the time of these calls. Our reminder calls are a courtesy to patients and we are not responsible for appointments missed due to incorrect contact information or non-receipt of a voicemail message. It is your responsibility to keep your scheduled appointments.

**INSURANCE:** If you have health insurance and we are a participating provider with your plan, we will file a claim directly to your carrier. We will verify your coverage and provide you with an estimated financial responsibility for treatment. However, because coverage varies widely from plan to plan, we cannot guarantee that your plan will cover your charges. You are solely responsible for any charges incurred that are not covered directly by your plan or through any contractual arrangement we have with your carrier. If we are not a participating provider with your plan, we are unable to file a claim on your behalf and you will be responsible for all charges incurred. We will gladly provide you with an itemized receipt if you wish to file a claim with your carrier directly. If you have questions regarding the processing of your insurance claims, please direct those questions to your health insurance plan directly. **Remember, you are your own best advocate for any insurance issues.**

**BILLING:** You will receive a statement if there is a balance due. Balances not paid within 30 days are subject to a finance charge of 1.5% (18% annually). Should your account have to be assigned to collections, you will be responsible for all reasonable costs, including attorney's fees. We do not extend credit and the estimated patient responsibility of each visit and/or co-pay and/or deductible amount must be paid at the time of service.

**COMPLETIONS OF FORMS:** There is no charge for completing brief forms indicating therapy, medical visit or school absence. Completion of narrative reports, medical leave forms, letters of medical necessity, or other forms are subject to fees based on the complexity of the form and the amount of time required by the physician to complete it. These fees will be determined at the time the form or request is delivered to the office. **Payment is required before the forms are completed.**

**PRESCRIPTION REFILLS:** The Physician prescribes sufficient medication to last until the next visit and therefore requests for refills are generally not expected. As a general rule, our office does not call in prescriptions for patients. The Physician expects to see the patient to be sure the prescription is appropriate. **If an appointment is rescheduled or missed and medication is required, we charge a \$35 prescription call in fee. This fee is not covered by insurance and must be paid by the patient before any other services are rendered.** While we strive to handle all requests as soon as possible, medication requests require the signature of the ordering physician, and as such please allow **24 hours for our office to process prescription refill requests.**

**PRIOR AUTHORIZATIONS:** Some insurance plans require prior authorization for prescription medications. If your plan requires a prior authorization, please ask your pharmacy to fax the information to our office. We are generally able to process prior authorization requests within **48 hours of receipt of the information from your pharmacy.** It is ultimately up to your insurance carrier or pharmacy benefit manager to determine coverage for medications. We have no control over the length of time the prior authorization request may take, which may exceed **72 hours** in some cases. If you have any questions about your pharmacy benefits please contact your insurance carrier or pharmacy benefit manager directly.

**TELEPHONE CONSULTS:** In some cases Dr. Grumet may be able to discuss your care with you over the phone in lieu of an office visit. **This service is not covered by insurance.** Telephone consults are \$95.00 and must be paid in advance of the consultation. This service is handled on a case by case basis, and you will need to speak with the office manager to discuss this service.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Your signature acknowledges that you have read and accepted these policies. A copy will be given to you upon request.**

Adopted: 07/11  
Updated: 10/11