

Atlanta Psychiatric Specialists, P.C.
Ross F. Grumet, M.D.
Conditions of Treatment

OFFICE HOURS: Our office hours are Monday through Friday 9:00 am to 6:00 pm and Saturday 9:30 am to 4:00 pm. We accept appointments from 9:15 am to 5:15 pm Monday thru Friday and from 9:30 am to 3:30 pm on Saturday.

SATURDAY APPOINTMENTS: Our office schedules patients from 9:30 am to 3:30 pm on Saturdays. **There is an additional fee of \$30 per appointment.** This fee is due at the time of the appointment, and is not covered by insurance. It is in addition to any copay/coinsurance or other balances due by the patient. We require 48 hours notice for any cancelled or rescheduled appointment for Saturday. Any appointment not cancelled or rescheduled with less than 48 hours notice will be charged an **administrative fee of \$75. We will be unable to schedule any additional appointments until this fee has been paid.**

CANCELLATIONS: An automated voice-mail system is available 24 hours a day, 7 days a week for emergency calls or cancellations. **Missed appointments or appointments that are not cancelled at least 24 hours in advance will be charged an administrative fee of \$75.00. This fee is not covered by insurance. We will be unable to schedule any additional appointments until this fee has been paid.**

COMPLETIONS OF FORMS: There is no charge for completing very brief forms indicating therapy, medical visit or school absence. However, completion of most other forms and preparation of reports, medical leave forms, letters of medical necessity, disability etc are subject to fees based on length of the form and determined at the time the form is delivered to the office. Fees for these services are based on copy costs and the amount of time required completing by therapist, physician and administrative staff. **Payment is required before or at the time 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. The Physician expects to see the patient to be sure the prescription is appropriate, to discuss side effects, etc. **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. Please allow 24 hours for medications to be called in.** While we strive to handle all requests as soon as possible, medication requests require the signature of the ordering physician and therefore there may be a delay in processing.

PAYMENT: It is expected that you pay for sessions at the time of service regardless of your insurance coverage. Any exceptions must be made with the Office Manager prior to session. Services covered by a managed care plan with which Dr. Grumet contracts will be covered per the contractual agreement. However, all medical bills are ultimately the responsibility of the patient. The patient must verify all authorizations and any questions regarding how a claim is processed by an insurance company should be directed to that insurance company, not to our office. **Remember, you are your own best advocate for any insurance issues.**

BILLING: You will receive a statement if there is a balance due. If a statement is needed, please request one at the time of your visit. We reserve the right to assess a finance charge on all balances 120 days past due. 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.

INSURANCE: Most services we provide are covered by most insurance plans. However, because coverage varies widely from plan to plan, we cannot guarantee that your plan will cover your charges. Remember that you are solely responsible for your charges regardless of what your insurance covers, with the exception of a few plans. If you have questions regarding the processing of your insurance claims, please direct those questions to your health insurance plan.

If you have questions or concerns about a business matter, please discuss it with the office manager, Jeff Schade.

Your signature below acknowledges that you have read and accepted these policies. A copy will be given to you for your records upon request. Thank you for your cooperation.

(Signature of patient or authorized person)

(Relationship to patient)

(Date Signed)

(Witness)