

## TREATMENT AGREEMENT

Please read the following policies that constitute the treatment agreement between you, Atlanta Psychiatric Specialists, PC and Ross F. Grumet, MD. Your initial and signature indicates that you have read and agree to these policies. If you have any questions, please speak with a member of our staff before signing this form.

**Office Hours:** Our office hours are Monday through Friday 9:00 am to 6:00 pm and some Saturdays by appointment. An automated voicemail system is available 24 hours a day, 7 days a week at (404) 685-9414. **Messages left on our voicemail system will be returned within one business day. If we have not returned your call after 24 hours, please call again so we are sure that we have received your message.** In the event of an emergency, please call 911 or your local emergency services provider. \_\_\_\_\_ (Initial)

**Appointments:** We see patients on an appointment-only basis, Monday through Friday and some Saturdays. These days are subject to change. We do not offer walk-in appointments; however, we will try to accommodate your scheduling needs wherever possible. Please call our office during business hours to schedule an appointment. We use an automated system to make reminder calls the day before scheduled appointments. These calls are a courtesy 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 and to keep your contact information current. If your contact information has changed, please let a member of our staff know.** \_\_\_\_\_ (Initial)

**Cancellations and No-Shows:** We require a 24-hour notice to cancel or reschedule an appointment. **Missed appointments and same-day cancellations will be charged an administrative fee of \$95.00. This fee is NOT covered by insurance and must be paid before your next appointment is scheduled. We will attempt to collect this fee twice before sending your account to collections. If our office cancels your appointment due to unforeseen circumstances, you will not be charged a missed appointment.** \_\_\_\_\_ (Initial)

**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. **Phone consults are not covered by insurance** and are handled on a case by case basis. \_\_\_\_\_ (Initial)

**Insurance:** If we are in-network with your insurance plan, we will file a claim on your behalf. Coverage varies widely from plan to plan and we cannot guarantee that your plan will cover your charges. If we are not in-network with your plan, you will be responsible for all charges incurred. We will provide you with an itemized receipt if you wish to file a claim with your carrier directly. You will receive a statement if there is a balance due. **As a courtesy, we allow 30 days for insurance payment to be processed and received. If your insurance carrier fails to pay its portion of your charges within those 30 days or there is a remaining balance after the insurance payment then that amount becomes your responsibility.** The estimated patient responsibility must be paid at the time of service. \_\_\_\_\_ (Initial)

**Collections:** Any account with an unpaid balance **60 days or older** will be turned over to our collections agency. **If your account is turned over to our collections agency, a charge of 35% of the outstanding balance will be assessed to your account to cover the cost of the collection fees.** \_\_\_\_\_ (Initial)

**Forms and Letters:** Completion of narrative reports, medical leave forms, or other forms or letters are subject to fees based on the complexity of the form and the amount of time required to complete it ranging from \$15.00 to \$100.00 or more. These fees will be determined at the time the form is delivered to the office. Please note that there is no charge for Jury Duty forms. \_\_\_\_\_ (Initial)

**Prescription Refills:** **All prescription refills must be handled during scheduled office appointments.** Sufficient medication is prescribed to last until your next visit. It is your responsibility to inform Dr. Grumet about what medications you need during your visit. Please pay attention to your medications and schedule appointments accordingly. **If you do run out, you will be required to schedule an appointment. We will make our best effort to work you in. If an appointment is rescheduled or missed and we are unable to work you in, we will charge a \$35 fee to refill your medication. Please allow 48 hours for these requests.** \_\_\_\_\_ (Initial)

**Ross F. Grumet, MD**  
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## New Patient Paperwork

**Prior Authorizations:** Some insurance plans require “advance approval” for certain medications. If your plan requires a prior authorization, you have two options. One option is that you can contact your insurance company and initiate the process yourself (you will likely need medical information from us; if so, please ask the insurance company to send us a fax requesting the necessary information). Your other option is to incur a fee of \$50.00 for our office to complete the entire process for you. **Please allow a minimum of 24 hours for your request to be processed by our office.** The insurance processing time for prior authorizations varies; in some cases it may take up to 72 hours for approval. If you have any questions about your pharmacy benefits please contact your insurance carrier directly. \_\_\_\_\_ (Initial)

**Please sign below to acknowledge that this information has been made available to you.**

Printed Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_