

The Prairie Clinic Office Policies

(630) 845 9644

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Welcome To Our Office

We are committed to you as our client in offering our services to help you achieve your personal growth through our mental health services. Because many of you will have common questions about office procedures and financial arrangements, we have prepared this general information sheet.

Hours and Cancellations

Full sessions are typically 50-55 minutes long. Each therapist keeps his or her own schedule and will arrange appointments directly with you. Psychologist/Psychiatrists appointments are scheduled by the business office. If it becomes impossible for you to keep an appointment, it is important that you call to inform us of your cancellation. Due to policy of reserved appointment times, you must notify us no less than 24 hours before appointment time. The patient/guarantor may be charged the full appointment fee and will be financially responsible for any missed appointments that have not been properly cancelled. We can not bill an insurance company for a missed appointment – it is not reimbursable.

Please print and sign your name indicating that you agree to and understand this cancellation policy.

Patient printed name

Guarantor printed name

Guarantor signature

Date

Fees and Insurance

Charges for sessions vary according to the individual therapist and are consistent with standard psychotherapy fees in the community. PAYMENT IS REQUESTED AT TIME OF SERVICE. Other arrangements may be made with your therapist in the event of financial hardship; however, you hold the ultimate responsibility that full payment is made. Please make checks payable to The Prairie Clinic. Visa, MasterCard and Discover charge cards are accepted for your convenience. The Prairie Clinic will file claims to insurance companies with which we are under contract. For patients whose insurance plans we are contracted with, **APPLICABLE CO-PAY AND DEDUCTIBLE AMOUNTS ARE DUE AT THE TIME OF SERVICE**. It is the client's responsibility to contact their insurance company to learn about qualifications, limitations and benefits available to them through their insurance contract. Many insurance plans for which we are nonparticipating providers will reimburse you for some or all of the sessions obtained by The Prairie Clinic. If you are eligible for reimbursement under your plan, you may attach a receipt from each session to your insurance claim form when you submit your claim (**we suggest you send a photocopy, retaining the original for your records**). Any specific questions about your bill may be discussed with your therapist or our business office.

Emergencies and Phone Calls

In the event of an emergency, you may leave a message for your therapist on our voicemail. We ask that any calls regarding medication refills be made between the hours of 9:00am to 4:00pm, Monday through Friday; with the following information – patient name/medication name/dosage/# of pills. Please allow two full working days for your medication refill request to be processed. A nominal charge may be made for such calls made outside of normal work hours. Extended phone consultations may also be subject to a fee.

Confidentiality

We are committed to making this a safe place for you to get help. To that end, we adhere to all the legal protections of your confidentiality.

Communication

Good communication between us is vital to our ability to serve you well, so do tell us about problems and questions that might come up. If you don't understand an answer, or a new problem arises, let us know. We want to provide you with the best possible care, and we need your cooperation to succeed. Please contact our business office if you have a concern.

Agreement/Assignment and Release

I, the undersigned, certify that I have read and agree to the above policies of The Prairie Clinic. I also agree that I personally and wholly financially responsible for all charges incurred, and will assure that full, timely payment is made to The Prairie Clinic for all services.

I further hereby authorize the doctors/clinician of office representative to release to my insurance company or its affiliates all information necessary to process my service claim to secure the payment of benefits and assign those benefits directly to The Prairie Clinic, including authorized Medicare benefits. If The Prairie Clinic is not under contract with my insurance company, however, and I submit a claim for reimbursement, I authorize the doctors/clinicians or office representative to release to my insurance company of its affiliates all information necessary to process my claim for reimbursement to me. I authorize the use of this signature for this purpose and a copy of this signature is a valid as the original

Patient Printed Name

Guarantor Printed Name

Guarantor signature

Date