



PLEASANT CARE BEHAVIORAL HEALTH

905 Medical Centre drive, Arlington Tx 76012

OFFICE POLICIES

Office Hours and Missed Appointments

- Regular office hours are 9a-5p on Monday thru Friday.
- We require 24 hours notice if you need to cancel your appointment. There is a **\$60.00** fee for follow up appointments not cancelled within 24 hours, as well as all missed follow up appointments.
- **We do reminder calls as a courtesy ONLY.** If you do not receive a reminder call, you are still responsible for keeping your appointment.

Initial

Emergencies

- In case of emergency during regular business hours, contact the office as soon as possible.
- In case of an emergency after hours please go to the nearest emergency room. For urgent, but non emergency issues, a cell number is provided via the answering system. RX refills are neither urgent nor emergent. A fee is assessed for all urgent calls to the clinic.

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Fees and payment

- Payment of co-pay/deductible/co-insurance is expected at the time of your appointment, unless prior arrangements have been made with the office manager.
- If you have difficulty making your payment, we will try to negotiate a payment plan with you.
- We accept cash, personal checks, MasterCard, Visa, American Express and Discover.

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Insurance

- Notification of any change in your insurance must be provide **before** your scheduled appointment.
- If we are not provided this information in a timely manner, you will be required to pay in full.

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Prescription Refills

- Medications will be handled during regular office hours.
- We do not do refills through pharmacies; you will have to contact us directly for refills.
- Please allow 48-72 hours for completion on all refill requests.
- **Controlled substance medications will NOT be refilled early regardless of whether they are lost, stolen, misused, etc**

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Fee Disclosures

The following fees are incurred when you request services in addition to your regular office visit. These fees are not paid by your insurance plan. These fees include, but are not limited to:

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| 1. Medical records | \$25.00 |
| 2. Returned checks | \$30.00 |
| 3. Letters to employer, school, etc | \$25.00 minimum |
| 4. Disability paperwork | \$45.00 minimum |
| 5. Missed / cancelled follow ups without 24 hr notice | \$60.00 |
| 6. Written prescriptions between appointments | \$30.00 |
| 7. Prior authorizations required by your insurance | \$25.00 |

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Termination of the Provider – Patient Relationship

A good relationship between a provider and his or her patient is essential for quality medical care. There are times when this relationship is no longer effective and the provider finds it necessary to ask the patient to select another provider. The following are examples of situations that could make this necessary:

1. Repeated missed appointments
2. Non payment of account
3. Not following treatment recommendations
4. Misuse / abuse of prescribed medications
5. Obtaining duplicate prescriptions from multiple prescribers
6. Abusive behavior towards office staff

Initial

I have read and understand the Office Policies, and I agree to be bound by its terms.

PATIENT OR RESPONSIBLE PARTY (PLEASE PRINT)

____/____/____
DATE

SIGNATURE