Fusion Family Consulting
1700 Alma Drive, Suite 480
Plano, Texas. 75075
214-296-9365

Practice Policy

Welcome to Fusion Family Consulting. Please read the following information carefully about our practice policies. Your understanding of these policies will help us work most effectively with you.

Treatment Participation:

Our providers schedule their own appointments. Your treatment with us may involve taking medications and or engaging in psychotherapy. It is important that you take an active role in your treatment. If your treatment involves medication, your provider will explain the important risks benefits and side effects to you. If unexpected side effects are experienced upon taking medications, please call the office immediate

Confidentiality:

Anything you reveal in your sessions is confidential and cannot be released to another person without your consent. Exceptions to this rule of confidentiality occur when the provider reasonably believes that there is imminent risk of harm to yourself o another person, or if a judge requests information as part of a trial.

Phone calls:

Our providers are unable to take phone calls when attending to patients. Phone hours are Monday to Friday 9am-5pm. Non- urgent calls received during phone hours are returned at the end of the day. After hours calls will be returned for emergencies only. If there is an immediate medical emergency, please go to the nearest emergency room or call 911, if necessary. For other non-urgent calls, please leave both daytime ar after-hours phone numbers where you can be reached.

Insurance:

At this time, our providers are not credentialed on any insurance panels. This means that your treatment with us is not a part of your permanent medical records wit your insurance company unless you choose to notify them. Payment is made directly to Fusion Family Consulting at the time of service. If you would like to submit your charge to your health insurance provider for reimbursement, a detailed billing statement can be generated at your request. Reimbursement of the session fees is dependent on individual insurance agreements.

Financial:
Payment is due at the time of the service. You will receive a statement that will include the diagnostic and procedural codes necessary for filing your own insurance, if you choose. You are financially responsible for charges incurred regardless of insurance reimbursement policies.

If significant collaboration is needed outside of sessions in form of phone calls with the patient or family members responsible for their care or other professionals, a charge will be incurred based on time allocated. Phone calls lasting longer than 15 minutes will be charged accordingly. If the provider is needed to travel to an out of office consultation, such as at a school, charges are billed at 150% of the in office fee and include travel time.

Cash, check, Visa, MasterCard and Discover are accepted. Credit cards can be used by filing your number and authorization below. Accounts not paid by the next billing cycle are subject to a service charge of $10.00 unless previous arrangements ha been made with the provider. If payment is not provided at the time of a visit (such as check is rejected or an appointment is not kept and payment is not sent in), then an authorized credit card will be required to be placed on file prior to future appointments The card can serve as your preferred (primary) method of payment or simply filed as a back up method of payment.

Missed or late cancelled appointments

Cancellation or rescheduling is required 24 hours in advance to avoid be charged for reserved appointment time. You are financially liable for the full fail to cancel your appointment 24 hours in advance. It is the patient's responsib know their appointment times.

Medication Refills

Fusion family consulting will like to ensure that you have adequate medication until your next follow up visit. Please allow 48 hours for processing of medication refills If you cancel or reschedule your appointment, it is your responsibility to contact Fusion Family consulting at least one week in advance if you need additional medication until your next visit. Medication refills will only be provided for patients in active treatment. For scheduled medications (CII) that require a monthly prescription, such as ADHD medications, it is the patient's responsibility to inform our offices at least one week in advance for the refill request. Prescriptions for scheduled medications may be picked u by the patient at the office or called into applicable pharmacies. If you need monthly written refills to be mailed please provide self-addressed envelopes to keep on file.

Labs:

At times the physician will need to order laboratory studies, please be aware that the cost of labs is not included in your visit charge and are your responsibility. Please ask laboratory staff to explain their costs.

Coverage:

A well-trained psychiatrist or psychologist provides appropriate coverage in the event that your regular provider is unavailable.

Additional Requests:

Our providers do not testify in court, but if legal actions occur in which we is requested or subpoenaed to provide testimony (such as custody case) you will be responsible for providing the following even if the subpoena is sent from the opposing side of the case and even if your ongoing relationship with The provider has ended:

1. Travel expenses.
2. Hourly or per diem fees based on the provider's then current session rates, plus 50% of that fee from the time the provider leaves her office until her return.
3. Fees at the provider's then current rates, plus 50% of that fee for the time expended in preparation and research. At least $800.00 will be due prior to the court appearance.
4. Record copying fees are $1.50 per page plus $200.00 per hour copying fee.

Thank you for going through this important information. We look forward to working with you.

The Practice policies was updated on 04/05/2018 and is subject to change at the discretion of Fusion Family Consulting.

Please read and initial:

I understand and I am financially liable for the full fee if I fail to cancel my appointment 24 hours in advance. _____

I understand that I am ultimately financially responsible for charges incurred regardless of insurance reimbursement policies. _____

I authorize the release of any medical or health related information to process insurance claims. _____

I have read and understand this Office Policy.

_____

_____

Signature (parent if minor) Date

Patient's Name: _____

Date of Birth: _____