



HEALTHY MINDS

Psychiatric Services

Okemos Office: 2390 Woodlake Dr. Ste. 380, Okemos, MI 48864

Brighton Office: 4763 S Old US 23 Ste C1, Brighton, MI 48114

Office Policies

Healthy Minds is dedicated to servicing all of our clients in a professional and courteous manner. In return we request our clients provide all staff with the same courtesy. Good conduct towards any Healthy Minds staff is expected. If this is violated, the office reserves the right to discharge you from the practice. If so, we will provide you with the necessary referral.

A **\$50.00 late cancellation fee (less than 24 hours)/no show fee** is applicable for any appointments missed, and **MUST** be paid before services resume. Three No Show/late cancellations within 6 months are grounds for discharge. If so, we will provide you with the necessary referral.

A \$25.00 processing fee will be charged on any **NSF/returned checks**.

We do not provide any **forensic/legal/court/disability** evaluations or legal assistance of any kind.

Letters and form completion will not be provided until the patient has established care with Healthy Minds for more than 6 months. The completion of these forms will have an associated fee of \$200-\$300 depending on the complexity.

Medical Records may be obtained by the patient after completing the proper form. There will be a **fee of \$20.00 for the first 25 pages and \$1.00 per page** thereafter; based on HIPAA 45 CFR 164.524(c)(4).

Phone consultation are limited to URGENT MATTERS ONLY. All other consults will have a fee of \$50-\$100 per consult.

Prescriptions are only refilled **at appointments**. If you miss an appointment, your prescription will not be faxed or phoned in. Lost prescriptions/phoned in/electronic prescriptions replacements require a \$45 replacement fee, payable at the time of the request. All schedule II prescriptions that need replacing require the filing of a police report, and the presentation of that report for the prescription to be refilled.

All balances due, including deductibles and out of network copays are expected to be paid at the time of service unless repayment arrangements have been made with the Office Manager. It is also your responsibility to know what your copay is and be prepared to pay it at every visit. If your insurance cannot be verified (out of state, out of network) \$250 for the initial visit and \$150 for follow up appointment will be collected at the time of service.

Insurance termination or lapse of coverage - If my insurance is terminated, changed or lapses I am responsible to inform the receptionist and will be financially responsible for the cost of the visit.

Out of Network Insurance coverage

I acknowledge that I am responsible to contact my insurance and verify that Healthy Minds, and my provider/therapist are in-network. If they are out of network, I acknowledge I will be responsible for the deductible and copay associated with my visit. If an out of network authorization is needed, I will seek that myself. I will also determine if I have a limited number of visits per my insurance carrier and will keep track of those. If the limit is exceeded, I understand it is my responsibility to pay for those visits as well.

Please go to the nearest emergency room or call 911 for all emergencies

Patient's legal signature agreeing to follow the above policies

Date