

CLINIC POLICIES AND PROCEDURES

STAFF AVAILABILITY

Staff is available during office hours. We are open from 9:00 am to 3:00 pm on Tuesdays and Wednesdays. Our availability on Thursdays, Fridays and Saturdays is by appointment only. We do offer a monthly Saturday clinic from 9:00 am to 12:00 pm for follow-up visits to accommodate those whose schedules require more flexibility. If you have a non-urgent matter, please call the office or utilize the patient portal outside of business hours (the most efficient method). Someone will contact you within 24 hours. For emergencies, please call 911 or go to the nearest emergency room.

Please note that there may be a longer delay if the message is not left during business hours. For emergencies, please call 911 or go to the nearest emergency room.

PATIENT CARE BY CLINICAL PHARMACIST

Patients may be referred to the clinical pharmacist for medication monitoring which includes monitoring medication response and safety. Patients may be referred to the clinical pharmacist for medication consultation, review of medication adherence, drug-drug interactions, and medication education. The clinical pharmacist will be available to help identify any potential medication related problems and address these with the patient and provider. Patients may also be referred to the clinical pharmacist to complete behavioral health screenings tools prior to or after meeting with the psychiatrist. These tools serve as additional information for the psychiatrist to use when making a diagnosis for your treatment. The clinical pharmacist may also speak with you about requested medication changes or refills.

APPOINTMENT CANCELLATIONS

Please call 24 hours in advance to change or cancel your appointment. A \$45 fee will be charged for same day cancellations. This fee is not covered by your insurance. A patient may be dismissed from the practice after cancelling or missing 2 consecutive appointments. A missed initial assessment will only be rescheduled once.

PAYMENTS ARE DUE ON THE DAY OF YOUR VISIT

We accept payment through debit cards, credit cards or check. We currently do not accept Medicaid. We are in network with some commercial Medicare plans. Co-payments are due at the time of the visit. If we send your bill to your insurance company for payment, you are responsible for any deductible, co-payments or fees as per your explanation of benefits. Please contact your insurance company with questions about your insurance coverage. We only confirm that you have insurance benefits for billing purposes.

We also require placement of a credit card on file at the time of the initial assessment to cover the cost of deductibles. The payment method will only be charged for the remaining patient responsibility not paid by insurance, after applicable insurance has been applied. For self-pay patients, the cost is due the date of service. Patients may cancel the credit card authorization at any time by contacting the office. In that instance, we will bill you directly for any patient responsibility. If you have a balance due at the time of your visit, you will only be given a 30-day supply of medications. Your balance must be paid in full before further prescriptions are given and you will risk being discharged from the clinic.

ASSIGNMENT OF BENEFITS/RELEASE OF BILLING

As a patient of Total Care Psychiatry (TCP), you agreed for your insurance company to pay TCP for the services provided to you. Therefore, you agree for your insurance company to pay the benefits directly to TCP. If we are an in-network provider with your insurance company, it is the patient's responsibility to pay any deductible amount, coinsurance, and copays. If we are an out-of-network provider, it is your responsibility to pay the balance after your insurance company pays. You are responsible for the cost of all medically necessary procedures not covered by your insurance company. If we are filing a claim, we will allow 45 days from the filing date for the insurance carrier to process your claim and make payment accordingly. If payment from your insurance company is not received within the time period specified above, we will notify you to clear your account of all balances. By signing HIPAA Privacy Notice and Release of Information, you authorize the release of all information necessary to secure payment and agree to pay for services not covered by your insurance and other medical necessary procedures not covered by insurance including but not limited to:

- Preparations of Evaluation Reports/Treatment Summaries
- Consultations/Record Review
- Telephone Consultations
- E-mail Consultations
- After-hour, Non-emergency calls
- Medication refills (between appointments)
- Medical records request
- Completion of letters, reports, FMLA forms, SSI forms, Treatment Plans
- Unpaid balance/late charges
- No-shows/late cancel fees
- Other procedures/assessments deemed to be medically necessary by insurance company

REASONS FOR DISCHARGE FROM THE CLINIC

We reserve the right to accept and discharge patients from our practice who we do not believe are appropriate for treatment at Total Care Psychiatry. We reserve the right to discharge patients from clinic who are disrespectful and do not adhere to our policies. We strive to treat all patients with respect and expect the same from our patients. We also reserve the right to discharge patients who need a higher level of care than we provide. For instance, a patient with a substance use disorder may need to attend an intensive outpatient program or inpatient rehabilitation. If this is determined to be the best treatment plan for you, it will be discussed

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with you and we may be unable to continue treatment of your disorder on an outpatient basis at our practice.

DELINQUENT ACCOUNTS

You will be charged \$25 if your balance is not paid within **90 days**. Your account will be referred to a collection agency if delinquent after **90 days**. Please make arrangements to participate in a payment plan prior to your account becoming delinquent. You will also be charged \$25 for insufficient funds to cover the balance of our bill if you pay by check. You may be discharged from the clinic if your account is delinquent.

MEDICATION REFILL REQUESTS

It is the patient's responsibility to request refills during office hours. This is best done through the patient portal. Medication refills will be evaluated on a case-by-case basis and may be subject to a telephone assessment fee if the reason for the call goes beyond a medication refill request.

COPY OF RECORDS

Patients are directly responsible for payment of copies of records. The cost of medical record copies is \$2 for the first 10 pages, \$4 for 20 pages and \$25 if copies are more than 20 pages. Please note that the patient will have access to their medical records in their patient portal.

LETTERS/PAPERWORK REQUESTS

We will complete Psychiatric Assessments for Bariatric Surgery and complete disability paperwork at a rate of \$375 per hour and you will be responsible for this cost. Completion of paperwork will be done at the discretion of your provider and all paperwork submitted will not be completed. We do not certify animals as service or support animals. Complex requests that require more than 15 minutes to complete are subject to a fee of \$150 per 30 minutes needed to complete the request.

REQUESTS FOR FORENSIC WORK/COURT INVOLVEMENT

Unless there is a separate contract with your attorney, *ANY* legal work related to your care (including testimony and travel time) will be charged at a rate of \$375 per hour. You are directly responsible for payment to this office.

CONFIDENTIALITY NOTICE

Your records are kept confidential but may be released if subpoenaed by a judge. We are also mandated reporters in the state of South Carolina and will take means and breach confidentiality to protect you and others if you are an imminent threat of harm to yourself, to someone else or if a child or vulnerable adult is being abused or neglected. Please review our Privacy Notice located on our website or one can be mailed to you.

