

Suburban Psychiatric Associates, L.L.P.

Thank you for choosing Suburban Psychiatric Associates, LLP as your mental health provider. Our practice is committed to providing you with the highest quality care, service and access. In order to help accomplish these goals, below is some introductory information.

General Information

Office Phone: 716.689.3333

Phone Hours: Monday - Friday 8:00 am - 5:00 pm

Patient Website: www.suburbanpsych.org

If you wish to contact a physician regarding a medical matter, please call the office or use the Patient Portal (see information on page 2). A medical provider is on call seven (7) days a week to take urgent calls outside normal business hours. Your call will be returned within one (2) hours.

For emergencies, call 911.

Appointments

Office visits are by appointment only and vary according to each practitioner's schedule. Please arrive 15 minutes prior to your appointment time to register. For your benefit and the benefit of all our patients, we try to stay on schedule (though emergencies sometimes occur) and aim for patients to be in the exam room at their appointment time. You will receive an automated pre-appointment reminder call two (2) to five (5) business days before your appointment. It is important for you to notify our office if your phone number has changed. Please specify if you prefer your home or mobile number as your primary contact.

Prescription Refills.

For routine refills, please contact your pharmacy to have the request sent electronically or call the office directly. Refills can be requested through our Patient Portal for those who are currently enrolled. Please allow five (5) business days to have all medications refilled. For refill requests needed in less than five (5) business days, contact the office directly.

Patient Record and Form Completion Fees

Your records, if copied, will cost \$0.75 per copied page. Records requested by other health professionals rendering active treatment are free of charge.

Dictated reports and court appearances are charged based on the amount of time spent and may vary based on clinician.

There will be a \$15 service charge for completion of forms not associated with an office visit. This fee is required to be paid at the time of request. More complex forms will be charged up to \$25, depending on the length and time involved to complete the form. Please allow seven (7) business days for us to complete any forms.

Test Results

Please allow seven (7) business days for laboratory results or other diagnostic test results unless instructed by your physi-

cian. Your physician will review all test results and contact you if follow up is needed. Routine lab results may be relayed by postal mail, patient portal or telephone.

Address and/or Phone Number Change

Please advise our practice anytime there is a change in your address, phone number, insurance or other contact information. Our staff is required to verify all demographic and insurance information at every visit.

Minors

The parent or guardian who holds the insurance for the child is considered the guarantor for the child and is responsible for full payment regardless of personal circumstances. A signed release to treat may be required for unaccompanied minors.

Patient Portal

The Suburban Psychiatric Patient Portal provides all participating patients the ability to communicate securely and manage their own healthcare with S.P.A. providers, 24 hours, seven (7) days a week. All messages received through the Patient Portal will be answered within one (1) business day excluding weekends. The ability to view portions of your medical records, verify or request appointments, request prescriptions, update personal information, receive reminders and ask a question of your provider are some functions of the portal. All patients are encouraged to notify our staff by phone/at your next visit to request an invitation to create an account on Medent to become participants of the S.P.A. Patient Portal.

Insurance Verification and Copayments

Patients are expected to present valid photo identification and their insurance card at each visit. All co-payments and past due balances are due at the time of visit unless previous arrangements have been made with our billing office. We accept cash, check, credit card or flexible spending card. No post-dated checks are accepted. A \$35 returned check fee is added to any insufficient funds amount owed by the patient. The patient will be placed on a cash-only basis following any returned check.

Insurance Claims

We process claims through your insurance as a courtesy. The practice will bill the patient's primary insurance company. In order to properly bill the insurance company, the practice requires that the patient disclose all insurance information including primary and secondary insurance, as well as any insurance changes. Failure to provide complete insurance information may result in patient responsibility for the entire bill. Although the practice may estimate the amount the insurance company may pay, it is the insurance company that makes the final determination of the patient's eligibility and/or benefits.

The patient is responsible and agrees to pay for any noncovered services provided. If the insurance company is not contracted with the practice, the patient agrees to pay any portion of the charges not covered by insurance, including but not limited to those charges above the usual and customary allowance.

Participating Insurances

The practice accepts most insurance plans including but not limited to: Blue Cross/Blue Shield, Independent Health, Nova, Optum, Univera, United Behavioral Health, and Medicare. Participation in insurance plans may change. It is your responsibility to verify if Suburban Psychiatric Associates, LLP participates in your plan. If your physician does not participate with your insurance, you have the right to request an estimate of cost. We **do not** participate with any Medicaid or Managed Medicaid plans. If there is a discrepancy with the insurance information on file with the practice, the patient is considered self-pay unless otherwise proven.

High Deductible Plans (Health Savings Accounts or Health Reimbursement Accounts)

If your insurance is a High Deductible Plan, you will be required to pay a \$50 deposit prior to your follow up visit and \$100 for New patient visit. If the total cost of services rendered is more than collected you will be billed for the remaining amount. If the cost of your visit is less than amount collected, we will send you a refund for the difference. Refunds will be issued within 60 days if the overall patient account has a credit balance.

Referrals and Authorizations

It is the patient's or guarantor's responsibility to be aware of the details of his/her insurance coverage, including any requirements for referrals and/or authorizations. Not all of our providers participate with all insurance companies. Please verify whether your physician accepts your insurance coverage. If your insurance company requires a referral and/or authorization (for specialist visits/ testing), you are responsible for obtaining it. Failure to obtain the referral or preauthorization may result in a lower payment or no payment from the insurance company and the balance will be the patient's responsibility. To verify if we have received the appropriate referral or authorization, please contact our office.

Self-pay Accounts

Self-pay accounts are for patients without insurance coverage or patients without an insurance card on file with S.P.A. The practice does not accept attorney letters or contingency payments. Self-pay patients are expected to make payment at the time of service (\$275 for new patients and \$115-\$185

for established patients). If the down payment does not cover all treatment charges, the patient is billed for the remaining balance. Failure to make the payment at the time of service, may result in an additional fee.

Workers' Compensation and Automobile Accidents (No Fault) ARE NOT ACCEPTED AT OUR PRACTICE

No Show/Cancellation Fee

The practice requires 24-hour notice of appointment cancellation. If this procedure is not followed, a fee is assessed to the patient \$75 for follow up visits and \$150 for new patient visits. **These charges are not covered by insurance and are due pay- able prior to any further appointments.** In the event that you must cancel and cannot reach the office staff, please leave a message on the voicemail system. Our system will date and time your call. No fee will be charged if your call is within the above time frame.

Outstanding Balance Policy

A billing statement is sent to the patient/guarantor upon rendering of services. Statements are mailed every twenty-eight (28) days thereafter. If a patient's account is sixty (60) days past due, the patient is sent a Final Collection letter requesting payment within fifteen (15) days. Telephone calls may be made to the patient prior to sending an account to a collection agency in a final attempt to collect the outstanding balance. If no payment is received, the account is sent to a collection agency. Statements returned with an invalid address, will be sent to the collection agency. Any account sent to a collection agency will include collection, attorney and court fees and may be reported to credit bureaus. Patients with an outstanding balance of 120 days may be discharged from our practice unless a payment arrangement is made. If your account is unpaid, and no payment arrangement has been made, pursuant to this agreement, your account may be turned over to a collection agency.

Regardless of any personal arrangements that a patient might have with outside individuals or groups, if you are over 18 years of age and receiving treatment, you are ultimately responsible for payment of the service. Our office will not bill any other individual.

Policy and Fee Changes

These policies and fees are subject to change. We will do our best to keep you informed of any modifications.

I have read and understand the above policies.

Patient Name: _____

Date: _____

Patient Signature: _____

D.O.B. _____