

NPBTC Office Policies and Information

Thank you for choosing Neurology, Psychiatry and Balance Therapy Center (NBPTC) and welcome to our office. Here is some information that will familiarize you with how we serve our patients.

<u>Office Hours:</u>	
Sunday:	Closed
Monday:	9:00 am– 4:00 pm
Tuesday:	10:00 am – 7:00 pm
Wednesday:	9:00 am – 6:00 pm
Thursday:	10:00 am – 7:00 pm
Friday:	8:00 am – 4:00 pm
Some Saturday Mornings Starting 8 am	

<u>Fee Summary*:</u>	
No show/cancel	\$35
Copy of health record	\$1/pg. (\$25max)
Writing a letter	\$25
Filling out a form.....	\$25
Letter and form.....	\$50

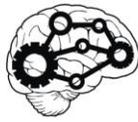
<u>Phone Session Fee Summary*:</u>	
0:00-6:00 min	\$15
6:01-12:00 min	\$30
12:01-18:00 min	\$45
18:01-24:00 min	\$60
24:01-30:00 min	\$75

<u>Phone Session Fee Summary*:</u>	
30:01-36:00 min	\$90
36:01-42:00 min	\$105
42:01-48:00 min	\$120
48:01-54:00 min	\$135
54:01-60:00 min	\$150

*Fees subject to change without notice.

1) Scheduling and Appointments:

- a) We strive to see patients at their designated appointment times. Please arrive on time for your appointment so we can give you your full appointment duration and we won't have to delay other patients after you. Also, during your appointment, please try to stick to the allotted appointment duration for the same reason. If you are 10 minutes late arriving to an appointment, you may have to be rescheduled and charged a no-show fee.
- b) We ask that you please give us at least 24 hours' notice if you have to cancel or change your appointment. There is a \$35 fee if you cancel less than 24 hours before your appointment or if you do not show for an appointment. This includes missing sessions in case of emergencies or illness. This is a practice business necessity and not a punitive fee. Reminder calls, texts, and emails through our automated system are a courtesy and may not occur at all times.
- c) If you no-show or cancel without 24 hours' notice, it will be your responsibility to contact the office to reschedule.
- d) If you have two or more no-shows or cancellations without 24 hours' notice consecutively for scheduled appointments, you will be removed from the schedule. You may then be terminated from care.

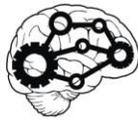


2) Financial Responsibility:

- a) Copays and other payments are due at the time of service. As a courtesy, we will attempt to verify your insurance benefits, but it is ultimately your responsibility to know your coverage. Verification of benefits is not a guarantee of payment. We bill your insurance company as a courtesy to you; provided that the insurance carrier is contracted with us. Your insurance benefits are a contract between you and your insurance company. It is your responsibility to verify your health benefits. If benefits are exhausted, you are liable for all charges incurred. Whatever disagreements you have with your insurance company including benefit information, it is your responsibility to contact your insurance company to resolve. It is our policy that we collect any amounts as verified through your insurance company, such as co-pays or deductibles. We will not make multiple verifications if you disagree with the information obtained from your insurance company. It is your responsibility to contact your insurance company if there are any discrepancies.
 - b) You are responsible for payment of the co-payment, deductible, coinsurance, and all amounts identified by the insurer as the patient's responsibility.
 - c) You are responsible to present updated referrals and authorizations when required by your insurance carrier.
 - d) You are responsible for all charges for services rendered if your insurance denies payment for any reason.
 - e) Please advise us of any changes of your insurance as soon as possible.
 - f) We will retrieve authorization for the initial services. It is your responsibility to request us to obtain additional authorizations after the initial authorization has lapsed and/or all visits authorized have been used. If you fail to notify us to retrieve authorization for the services and authorization is not obtained, any charges incurred that the insurance company denies due to lack of authorization will be your financial responsibility.
 - g) A \$50 late fee will be charged for balances outstanding 30 days past the first statement date.
- 3) **Medication Refills:** If you are going to run out of a medication that we prescribed, please call us well in advance so we have time to get your medication authorized and submitted. That way you won't miss any of your doses. We try to honor prescription refill requests within three business days from Monday through Friday.

4) Administrative and Clinical Service Fees:

- a) Fees for administrative services listed in this section are to be paid in advance and are not billed to your insurance carrier or to your client account.
- b) If you would like a copy of your medical record please fill out an Authorization for Release of Medical Information. The charge for a copy of your record is \$1 per page up to a maximum of \$25.
- c) If you need a letter written or have a form that needs to be filled out there is a \$25 fee for each which must be paid in full before completion. It may take a minimum of two weeks for these documents to be completed. We do not fill out any type of paperwork unless you have been a patient with us for at least 6 months and have had at least 3 appointments.
- d) If you wish to speak directly to a provider outside of an appointment, there will be a \$30 charge if the call goes over 6:00 minutes and an additional \$15 charge for the phone call for each additional 6:00 minutes after. Before talking directly to a provider, you must provide information of your active valid credit card that we will keep on file to charge for that call. We accept VISA, MasterCard, and Discover.



e) If you wish to schedule a phone session with a provider you must provide information of your active valid credit card that we will keep on file to charge for that call. We accept VISA, MasterCard, and Discover. Fees for this service are summarized in the Phone Session Fee Summary on the first page.

5) Termination Policy and Procedure:

- a) You may terminate treatment at any time.
- b) NPBTC may terminate treatment for the following reasons:
 - i) The provider determines that your clinical needs are beyond the scope or capability of services of the provider.
 - ii) You are failing to adhere to the treatment plan – i.e. misuse of prescribed medication, failure to notify the provider of significant changes in condition, two or more no-shows or cancellations without 24 hours’ notice consecutively for scheduled appointments, or multiple appointment cancellations that result in significant periods without treatment.
 - iii) Failure to pay outstanding charges on your account including no show fees.
 - iv) Inappropriate behavior (e.g., threats, derogatory language, and/or not limited to any disruption to our office).
- c) If NPBTC terminates care, then you will be provided written notice including the reasons for the termination. Notice period will be 30 days UNLESS termination is due to non-adherence with the treatment plan or inappropriate behavior, in which case you will be considered to have violated our policies and waived the notice period.
- d) If your treatment has been terminated for any of the reasons listed above, then your record will not be re-opened in the future for any reason or for any other NPBTC provider, unless authorized by the Physician Owner.

6) **Policies and Fees Subject to Change:** The policies and fees outlined in the document are subject to change without notice.

I acknowledge that I have read and understand the above Policies and Information.

Signature of Patient, Parent or Legal Guardian

Date Signed

Printed Name

Relationship