INTEGRATED PSYCHIATRIC SERVICES
HEALTHY MIND, HEALTHY BODY

Sonali Bora M.D.
Child, Adolescent & Adult Psychiatrist
Ph: 678-335-6020

## PAYMENT POLICY

Integrated Psychiatric Services is committed to providing you with quality care. In order to achieve this result, we must highlight that as your provider, our relationship is with you, not your insurance company. While filing insurance claims isa courtesy, we extend to all our patients, all charges are ultimately your responsibility. It is your responsibility to know your insurance benefits. Please direct any questions concerning your coverage to your insurance company.

Please note:

1. Proof of current, valid insurance must be provided at time of service. If you do not provide this information, youwill be considered a self-pay patient and will be required to pay the full charge prior to being seen.
2. We participate in most insurance plans; however, it is your responsibility to check with your plan prior to yourvisit to make sure we are participating providers.
3. We will gladly file your claims to your health insurance; however, we do not file automobile, general liability,homeowner's or workman's compensation insurance.
4. If you have HMO/POS insurance, it is your responsibility to obtain a referral number from your primary care provider (PCP) prior to being seen. If you fail to obtain this information, the bill will be your responsibility andyou will be required to pay the full charge prior to being seen.
5. 
6. Payment is due at the time of service. If you are unable to pay your copayment, your appointment will berescheduled, and you will be billed a rescheduling fee.
7. Failure to receive your statement does not relieve you of your financial obligations.
8. It is your responsibility to notify us of any changes in your billing information.
9. Past due accounts are subject to our collections process and dismissal as a patient.
10. Payment is due at the time of service. CASH or CREDIT CARD (American Express, Visa, MasterCard, & Discover) are the only acceptable forms of payment (please bring exact change as IPS does not carry cash).

**Current Self Pay Rates:**

➢ New Patient Evaluation: Range of $350
➢ Follow-up Visit: Approximately $225

- Rates are subject to change, but the patient/guardian will be notified by the time of scheduling an appointment.
- The adult accompanying a minor to a session, even if they are not the legal guardian, will be responsible for payment at the time of the service. Arrangements for advance payments can be made.
- Charges for services provided outside of individual appointments.
  - ➢ Telephone calls/appointments > 5 min: $25.00 per call
  - ➢ Hospital Home Bound Form $60.00
  - ➢ School Medication Administration Form $30.00
  - ➢ Family Medical Leave Act Form $60.00
  - ➢ Disabled/Handicap Form $60.00
  - ➢ Letters for school to help with accommodations $30.00
  - ➢ Bariatric Surgery Clearance Letter $30.00
  - ➢ Attorney's request for information $30.00

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# OFFICE POLICIES

**OFFICE HOURS:** Office hours are Mondays through Fridays by appointment only from 8:30 am until 5:00 pm. We do not see walk in patients. We are closed on all Federal Holidays and weekends.

**EMERGENCIES/AFTER HOUR CARE:**

- Integrated Psychiatric Services practitioners **do not provide** emergency after-hours care or crisis interventions outside of regular business hours.
- In case of an emergency, emergency psychiatric help is available through the Georgia Crisis and Access Line 24/7 at 1-800-715-4225 or calling 988 from anywhere in the US. You can also call 911 or go to your nearest emergency department.
- **Please do NOT leave a telephone message in case of emergencies, you can send a portal message after the emergency has passed, informing the practitioner about the emergency and course of action that was taken. The practitioner will contact you on the next business day.**
- For non-emergency psychiatric issues during regular business hours, please send a message through the patient portal or call the clinic at 678-335-6020. If you reach the voice mail leave a message with your name, nature of issue, phone number, and the best time to return your call.

**APPOINTMENT CONFIRMATION, CANCELLATIONS and NO-SHOW FEES:**

**Appointments:**

- Integrated Psychiatric Services require a **parent or legal guardian to be present at each appointment for a minor. Minors need to be present for each appointment**, if they are not present, medication refill will not be provided, and parents will be liable for visit charges.
- It is the patient's/guardian's responsibility to keep track of the appointment to avoid charges for missed or cancelled appointments.
- Appointments can be cancelled by the provider if the patient is more than 10 minutes late to their appointment. The patient will be subject to the full charges.

**Appointment Confirmation:** All New and Follow up appointments MUST be confirmed at the latest by 2PM EST the prior business day. For Monday appointments or Tuesday if Monday is a holiday, the appointment must be confirmed on Friday of prior week before 3PM EST.
Our office will call and text your preferred telephone number on file 3 business days before your appointment and again (if no response is received) the day before your appointment.

**Appointment Cancellation:** **If we do not receive confirmation either by phone or by text or by email before 2PM the business day prior to your appointment, it will be canceled and will not be automatically rescheduled.**
You will have to call the office to reschedule the appointment which will be for the next available date and time.

**No Show Fees**: A "no-show" is missing a scheduled appointment. A "late-cancellation" is canceling an appointment without calling us to cancel within 24 hours of a scheduled appointment. We understand that situations such as medical emergencies occasionally arise. These situations will be considered on a case-by-case basis. **A charge of $50 will be assessed for each no show or late cancellation.**

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**MEDICATION REFILL POLICY**

- Medications will be refilled at each appointment if it is clinically to ensure patient has medicine until their next appointment.
- It is the responsibility of the patient/guardian to ensure the patient does not run out of refills and the refill request is made 48 hours in advance during regular business days.
- Medication refills can take up to 48 hours after the request is made.
- If a patient runs out of medications due to a missed appointment,
  - the non-controlled medication(s) will be refilled one time only (if deemed clinically appropriate by the treating practitioner) until the next available appointment.
  - the controlled medication(s) will be refilled one time only for up to 30 days (if deemed clinically appropriate by treating practitioner) and an appointment must be made within that timeframe to be evaluated in person.
- Medication Refills will not be performed in the following cases:
  - After office hours
  - Over the weekend
  - During Holidays
  - For Individuals who repeatedly miss appointments or have not been seen in more than 3 months
  - If there is suspicion of abuse of medications

**FORENSIC POLICY:**

Should providers from Integrated Psychiatric Services be subpoenaed to appear in court or provide testimony via phone, a charge of $2500 will be applied per day of legal obligation no matter how much time is involved to fulfill the obligations of the subpoena. This fee is in place because court appearances/testimony may involve indefinite times of the working day requiring cancellation of previously made appointments of other clients. The $2500 amount is to be paid to Integrated Psychiatric Services prior to services rendered.

**CONDUCT AND DRESS CODE**

- Patients and/or guardians are required to wear appropriate shoes and clothing.
- Disruptive, aggressive, or threatening behavior with practitioners or staff can lead to dismissal from the clinic.

**ITEMS NOT ALLOWED**

- Food and/or beverage is not allowed on clinic premises.
- Use of tobacco or cannabis products, or any illegal drugs or alcohol are not allowed on clinic premises.
- Weapons or firearms are not allowed on clinic premises.

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# ELECTRONIC COMMUNICATION POLICY:

**Patient portal is the preferred, fastest and the best way to communicate with providers as it is secure and frequently monitored during regular business hours.** We strongly encourage the use of the patient portal.
**Text messaging is NOT an acceptable form of communication.**
**Email Communication**: By agreeing to communicate via email or the internet, you are assuming a certain degree of risk of breach of privacy. We cannot guarantee the security and confidentiality of e-mail communication and will not be liable for improper disclosure of confidential information that is not caused by our intentional misconduct.
Transmitting patient information by unsecured e-mail has several risks that patients should consider. These include, but are not limited to, the following risks:

- E-mail can be circulated, forwarded, and stored in numerous paper and electronic files.
- E-mail can be immediately broadcast worldwide and be received by many intended and unintended recipients.
- E-mail senders can easily misaddress an e-mail.
- E-mail is easier to falsify than handwritten or signed documents.
- Backup copies of e-mail may exist even after the sender, or the recipient has deleted his or her copy.
- E-mail can be intercepted, altered, forwarded, or used without authorization or detection.
- E-mail can be used to introduce viruses into computer systems.
- E-mail can be used as evidence in court.

• Providers may forward e-mails internally (within Integrated Psychiatric Services) to staff and agents as necessary for treatment and other handling needs. We will not, however, forward e-mails to independent third parties.
• All e-mails to or from the patient concerning diagnosis or treatment will be made part of the patient's medical record. Because they are a part of the medical record, other individuals authorized to access the medical record, such as staff and counselors, will have access to those e-mails.
• The patient/guardian is responsible for protecting his/her password or other means of access to the patient portal. Integrated Psychiatric Services is not liable for breaches of confidentiality caused by the patient/guardian or any third party.
• Integrated Psychiatric Services shall not engage in e-mail communication that is unlawful, such as unlawfully practicing medicine across state lines.

I have read and understand the above billing and Office Policies. I agree to pay for services under the conditions and specifications set forth in this billing policy and acknowledge that I am responsible for payment of all services provided, regardless of insurance coverage.

Patient Name:_____

Signature Patient/Parent/ Guardian:_____

Date:_____