

## Practice Agreement policy (UPDATED) for Pandian Medical Corporation (dba) ADROITA for New and Existing patients

This Agreement contains important information about our professional services and business policies. Please read this document carefully.

### **EVALUATION AND TREATMENT**

The first step of treatment is the initial evaluation. Our primary focus is clinical mental health care. This evaluation may require multiple sessions to establish what the goals of the treatment are (your treatment plan). One of the goals of these initial sessions is for you and your provider to decide if this is a good pairing to avail the services you need. Thus, completing an initial evaluation is not a guarantee of continued treatment with this provider. Our primary modality of treatment will be pharmacotherapy (Medication management for mental health issues). Families involved in patient care are required to come for appointments.

### **Follow up Appointments for medication management**

Medication management appointments typically last 15-20 minutes to understand your clinical status and response to treatment.

If you have a therapist please inform us to coordinate care.

If you are interested in exploring therapy options, talk with the provider, to understand what forms of therapy would benefit you.

Other aspects of monitoring care, includes:

- Routine lab work and other special diagnostic work up.
- Psychological testing if needed

**Please note: At this time we don't prescribe controlled substance. In the future, if we do so, then you will be required to sign a controlled substance use policy agreement.**

**We do not provide disability assessment.**

### **Refill Policy**

It is your responsibility, as the patient to notify your provider if you need a refill during your scheduled appointment. If you are overdue for a follow-up, or have missed your last scheduled follow-up, we will require you to come in for an appointment prior to refilling medication. Please note that no refills will be called in afterhours or on weekends/holidays.

## **SCHEDULING AND CANCELLATION**

All appointments are only scheduled. Patients scheduling through online service (zocdoc.com), does not guarantee an appointment. You should confirm your appointment with our staff. We don't have walk-in visits.

We require that you provide at least **48 business day hours** advance notice for cancellation. Late cancellations, failure to cancel, or arriving more than 15 minutes late may result in a charge to your account that will **NOT** be covered by insurance.

There is usually a courtesy reminder call 1 -2 business days ahead. However, the reminder calls are not guaranteed and do not alter your responsibility to attend, or cancel appointments you have made.

## **CONTACTING PROVIDER**

### **Emergencies**

If you think that your situation poses any risk to you that is time sensitive, including a medication reaction, or if you think you might require urgent psychiatric inpatient assistance or hospitalization, please do not wait for a response from your provider. **Please Call 911 or go to the nearest Hospital.**

### **Business hours**

Office hours 10 am – 5 pm, Monday through Friday. We are open on certain Saturdays. On some weekdays we will be available till 6pm. All Calls will be attended by administrative staff during business hours only. Clinical concerns will be directed to the provider. All calls after business hours will be attended to on the next business day.

### **Other exceptions to business hour operations**

We are a solo practice. Provider's vacation will be planned months in advance so that continuity of care is maintained. Please note that we don't have a back-up provider or locum services. Occasionally our office might be closed early due to administrative reasons, even during regular hours or Provider's family emergency.

We are not open on certain holidays. We don't accept walk-in visits. We don't manage emergency issues. All emergency clinical issues will be referred to a hospital.

## **PROFESSIONAL FEES**

### **Insurance**

The actual cost of the appointment is determined by the governing insurance company contract. Questions regarding approved fee rates should be directed to your insurance company. If you request, we bill an insurance company for your treatment, please be aware that the insurance company determines your financial liability. Please review our financial policy form.

## **Self-pay**

Our self-pay rates are varied. Please talk with our staff to know the current rate for services rendered.

## **Services not covered by insurance**

Insurance typically pays only for face to face treatment. Other services may incur charges that you will be responsible for paying.

**Examples:-** self-pay, second opinion or general consultation for mental health treatment option requested by friends and family, completing forms, telephone conversations lasting longer than 5 minutes, obtaining prior authorization, preparation of records or treatment summaries.

Most services are billed at a standard hourly rate. Some services have a flat fee. Please talk with our staff, for more information.

## **INSURANCE REIMBURSEMENT**

It is very important that you find out exactly what mental health services your insurance policy covers and that you obtain the appropriate authorization. You are responsible for full payment of any charge not covered by your insurance. You are liable to pay for services that are denied by your insurance company specifically includes, but are not limited to your failure to obtain prior authorization, reauthorization or failure to track treatment coverage limitation.

## **REFERRALS OR TERMINATION FROM TREATMENT**

You may end or transfer treatment at any time. We encourage you to discuss this choice with your treating provider in advance so that you can be assured of having as much pertinent information as possible when you make your decision.

## **Treatment referrals or termination of treatment**

As previously said, an initial decision to continue treatment with the provider who completed an evaluation is not a guarantee that the provider will be able to continue to provide services under all circumstances. If your treatment needs change, it is possible your provider will recommend a treatment that they are not be able to provide. Under these circumstances, your provider may refer you to a second provider for adjunctive treatment, or recommend your care be transferred to a provider or practice more appropriate to suit your needs.

Recommendations to transfer care typically occur when the specific treatment needs are outside our area of expertise, or because of patient noncompliance with treatment recommendations, appointments or financial obligations.

Some examples of treatment transfer or termination of care are, but not limited to

- Significant active substance abuse will be referred to dual diagnosis program.

- Dealing with complex sleep disorders
- If provider or staff notice patients behavior that is causing disruption in the practice.
- Engaged in care for other secondary gains.
- Unable to fulfil financial obligation for services rendered.
- Patient's failure to provide accurate information about his or her financial/insurance status or change in financial/insurance status.
- Developing medically unstable conditions.
- Psychiatric conditions requiring frequent hospitalization; And/Or emergency appointments. Patients who need more comprehensive care that is beyond the scope of our practice.
- Any patient who has not followed up for more than 120 days since last visit will be discharged. However, they may reconnect with us as a NEW intake.
- Noncompliance issues
  - Not following through on agreed treatment recommendations
  - Not coming to appointments or late cancellations of appointments
  - Misuse of prescription medication
  - Declining treatment recommendations and/or referrals for treatment.

For any of the above reasons, as well as all others that would compromise your treatment, a decision is made to transfer or terminate. We will issue a discharge or termination notice. Upon termination or transfer we will be available to provide care for 30 days. You should contact your insurance plan or the county medical society for names of other providers.