

# Financial Policy

Any missed appointment not cancelled with at least 1 working day notice prior to the appointment time will be charged. (Office hours 8:30 – 5 Monday thru Thursday) Our on call service is for emergencies only and will not take messages about appointments. **Any questions about the charge should be addressed with the provider at the next appointment.**

Except in those cases in which a doctor inadvertently did not prescribe an adequate amount of medication to last until the next scheduled appointment, there will be a professional service charge of \$35.00 for all prescriptions handled between appointments. All prescriptions are sent to pharmacies electronically. Please allow 48 hours for the request to be completed. Check with the pharmacy for the status of the prescription after the 48 hours before contacting the office again.

There may be a fee charged for administrative services provided by clinical staff to include forms, letters and prescription authorizations.

There is a charge for copying medical records as allowed by South Carolina law except for the purpose of coordination of care with another provider or medical facility.

## **Non Medicare/Self Pay**

Carolina Psychiatric Services, PA is out of network for all commercial insurance including Medicaid. Payment is due at the time of service. It is the responsibility of the Patient to call the insurance company if they wish to file claims for out of network reimbursement.

## **Medicare**

Carolina Psychiatric Services, PA is a network provider for original Medicare only. We are out of network for all Medicare Advantage plans, Medigap plans and commercial secondary plans. Payment is due at the time of service for co-payments, co-insurance, deductibles and non-covered services if there is no secondary insurance. If there is other insurance primary to Medicare, we will have to file with that insurance first in order to file with Medicare. If there is other insurance secondary to Medicare we will file as a courtesy if Medicare does not file automatically.

## **GUARANTEE OF PAYMENT | ASSIGNMENT OF BENEFITS**

I, the undersigned, jointly and severally promise to pay to Carolina Psychiatric Services, P.A., or its Successor and assign all fees or charges for services rendered to me by Carolina Psychiatric Services, P.A. Said debt will be paid in full at the time of service.

I hereby assign to Carolina Psychiatric Services, P.A. any insurance benefits payable to me relating to my care or treatment. I understand that Carolina Psychiatric Services, P.A. may elect not to accept such assignment. I further understand that my signature below acknowledges my personal liability for any amounts owing to Carolina Psychiatric Services, P.A. not covered by the above assignment, provided said assignment of insurance by Carolina Psychiatric Services, P.A.

I understand that Carolina Psychiatric Services, P.A. has the right to refer the outstanding debt to a collection agency or attorney if the 30 day time period expires prior to payment or the entry of an appropriate payment plan. If said debt is referred to a collection agency or attorney, I understand that I will be responsible for all costs of collection including a reasonable attorney's fee.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Patient if over 18 years old)

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Responsible Party if other than Patient)