

Administrative Policies

We would like you to learn about the policies at Potomac Grove Psychiatry so that there will be no misunderstandings and to assist you in becoming an active partner in your treatment program.

Please read the following carefully and initial each item.

_____ You, not your insurance, are ultimately responsible for all treatment charges. There is no guarantee your insurance will pay for your treatment.

_____ **Cancellation Policy:** We have a **2 BUSINESS DAYS**, **48 hour** cancellation policy. You **MUST** call or email admin1@pgpmd.com for our office if you are canceling or rescheduling your appointment. Without proper notice, you will be charged the amount of your scheduled appointment. These charges are your responsibility. **Your insurance will not cover these charges.**

_____ Two consecutive late cancellations of appointments may result in termination from the practice.

_____ Patients on a medication monitoring program agree to be seen at least **once every three months or more frequently as your physician advises.**

_____ Administrative fees would include: refill requests (outside of your appointment) Prior authorizations for prescriptions, reports for insurance, attorneys and medical record requests. Fees will vary dependent on the complexity of varying requests.

_____ Extended Sessions (sessions that are longer than your appointed time allotment) and telephone consultations will be charged, based on the time spent and complexity of the interaction, per occurrence.. These are not typically covered by insurance.

_____ Please note that administrative fees are not covered by insurance and are your responsibility. **Payment, in full for all services, is expected when provided.**

I have read and initialed the above policies. I understand and accept these policies.

PATIENT/GUARDIAN'S SIGNATURE

Date

PRINTED NAME