

OFFICE POLICIES AND FINANCIAL RESPONSIBILITY

All new and existing patients are encouraged to review our office policies and procedures carefully. Our administrative team is always able to assist you with any questions or concerns.

OFFICE HOURS

Shrink Savannah is open Monday - Thursday from 8:30 a.m. - 4 p.m. and Friday from 8 a.m. to 3 p.m. The office is closed daily from 12:00 - 1:00 p.m. A provider is available after-hours via an answering service.

MISSED APPOINTMENTS

We reserve your appointment time specifically for you and you alone. For this reason, our office charges for cancellations without 24 hours notice. A credit or debit card is required to be on file for all patients. In the event of a missed appointment, your card on file will be charged the full amount for your missed appointment. Your insurance company will not pay for missed appointment charges. Notifications for missed appointments are accepted via voicemail, website form and email but must be received within 24 hours of the scheduled appointment.

LATE ARRIVALS

If you arrive late for your appointment and your provider determines that there is enough time remaining, he or she will be able to see you only for the allotted time left of your scheduled appointment. At such times, it may be necessary to schedule an additional appointment to allow you and the provider sufficient time to address your treatment concerns.

FORMS AND DOCUMENTS

All medical forms (such as disability forms, school forms, letters) are completed by your provider while he or she meets with you in your session. Please notify your provider at the beginning of each session if you have forms to be filled out. Please be advised there may be additional fees for these documents determined by your provider.

PRESCRIPTIONS

Regular attendance at appointments is a critical part of your care. If you need a refill before your next scheduled appointment please call one week prior to running out of your medication or use the online form. Although regularly scheduled visits with your doctor may at times feel burdensome, this commitment ensures that you will receive the highest level of care. Should you run out of your medication due to a missed or rescheduled appointment you may be given enough medication to last until your next scheduled appointment.

PHONE CALLS AND DIRECT CORRESPONDENCE WITH YOUR PROVIDER

Phone conversations with your provider may incur fees. Scheduled phone appointments are charged the full amount of a regular office visit and are not billed with insurance. Quick updates and questions may be provided/answered through the office administrative team. Providers may receive email via info@shrinksavannah.com or by using the form on our website, ShrinkSavannah.com and selecting your provider from the dropdown menu. If a phone call with your provider lasts more than 10 minutes, the provider may charge you up to the full rate of an office visit.

INSURANCE INFORMATION

Your insurance is filed as a courtesy to you. **It is your responsibility to be familiar with and to verify your mental health benefits and eligibility.** It is the patient's responsibility to inform Shrink Savannah if your insurance company changes or has special requirements such as pre-certification, specific labs or designated hospitals.

FORMS OF PAYMENT

Shrink Savannah accepts payment in cash or major credit cards: Visa, Mastercard, American Express and Discover. Personal checks and money orders are not accepted.

OFFICE POLICIES AND FINANCIAL RESPONSIBILITY

RESPONSIBLE PARTY

LAST NAME

FIRST NAME

MI

DOB (MM/DD/YYYY)

SOCIAL SECURITY NUMBER

ADDRESS

CITY

STATE

POSTAL CODE

MOBILE PHONE NUMBER

ALTERNATE PHONE NUMBER

CREDIT CARD AUTHORIZATION

CREDIT CARD NUMBER

EXPIRATION DATE

3 or 4 DIGIT CID

FINANCIAL RESPONSIBILITY

Payment is expected at the time of service. I understand that I am financially responsible to Shrink Savannah for all charges not covered by my insurance including (but not limited to) co-payments and deductibles, which are due at the time of my visit.

Signature of Patient or Insured Individual

Date (MM/DD/YY)

INITIAL EACH LINE BELOW

_____ I authorize the release of any information necessary to process my insurance claims.

_____ I understand that I will be charged for any missed appointment.

_____ I understand that a delinquent account may be turned over to a collection agency and an additional 35% fee will be assessed if unpaid within 30 days of statement date.

_____ I understand that if any legal issues arise during my treatment at Shrink Savannah and any providers or staff are required to attend court or participate on my behalf, I will be charged a minimum of \$300 per hour for services.

_____ I acknowledge receipt of a copy of Shrink Savannah's privacy practices.

_____ I have read and understand all office policies and financial responsibilities.