



Mental Fitness Psychiatry Patient Office Policies

In an effort to answer your questions and improve our efficiency, we have compiled the following office policies:

Office Hours: Monday through Thursday 8am to 5pm and Friday 8am to 12 noon. Sunday upon request only

We make every effort to keep on schedule. Delays can occur. If we see there will be an unavoidable delay, we will make every effort to contact you and inform you of this delay. Please help us keep on schedule by arriving for your appointment on time. If you arrive more than 15 minutes late for your appointment, we may have to reschedule. If it is necessary for you to cancel your appointment, please give us 24 hours notice.

There may be a charge for appointments canceled less than 24 hours in advance. Failure to appear for scheduled appointments will result in a **\$45.00 no show fee**. After Office Hours: After office hours, the telephone is answered by a telephone answering machine.

For non-urgent calls, please leave your name and a brief message. Your call will be returned during regular office hours. In case of an emergency, please dial 911 or call your primary care physician. Medication:

Requests for medication should be called in during regular business hours. Keep track of your supply of medication and request refills before running out. Forty-eight hours (two working days) notice is required to refill triplicate prescriptions.

Notice, the day on your controlled substance prescription you have 21 days to have it filled. There is a **\$50 fee** to rewrite these prescriptions.

Medical Records:

We require a consent form signed by the patient prior to sending medical records to anyone. No information regarding patients that are minors will be released to anyone without written authorization from the parent or guardian. If you need a copy of your records sent to another physician you must provide us with written authorization including the name and address where you wish the records to be sent. We request fifteen working days to process medical records requests. In addition, there may be a fee charged for copying the records and for writing letters of medical necessity.

Fees:

We will make available our fee schedule for procedures upon request.

Self Pay Initial Evaluation: \$200 - Most initial evaluations are approximately 30 minutes.

Self Pay Follow-ups: \$100.00 - Approximately 15 to 30 minutes.

Any additional services will incur additional fees.

The following is a brief listing of such services:

Telephone conferences of 15 minutes or longer: \$45.00 (charge to the patient) For every five minutes after the first 15 minutes (Not Telemedicine Appointment)

\$50.00 and up Returned checks:

\$40.00 (Self Pay) Controlled Substance Prescription Refill without an office visit. Insured patients -RX Refill will be billed to your insurance company

\$100.00 Replacement of lost or expired prescriptions if controlled substance:

\$45.00 Missed scheduled appointment without cancellation:

\$20 Adolescent School Forms

\$50 College School Forms

\$300.00 ALL Disability Paperwork will only be filled out after you have been a consistent patient for 1 year

Policy Regarding Payment: All copays and coinsurance are due at the time of service. We will file all insurance claims and apply them to your account. Your insurance agreement between you and your insurance company. If payment is not made by the insurance company, the balance will be your responsibility. You are responsible for all fees, all costs not covered by your insurance company will be your responsibility. It is your responsibility to obtain authorization from insurance companies for services. I hereby authorize Dr. Sabri H. Sheikha to furnish information to insurance carriers concerning my illness and treatment of myself or my dependents.

Thank you for your cooperation. We are looking forward to working with you.

PATIENT OR GUARDIAN SIGNATURE

DATE