



PATHWAYS

SPECIALTY CLINIC

2219 Sawdust Rd #1004, The Woodlands TX 77380

Clinic Policies & Procedures

Thank you for choosing Pathways Specialty Clinic to receive your Psychiatric Services. The following policies are in place in order to ensure fair and quality care for all of our patients.

Please read and review these policies, then initial next to each statement to indicate your understanding and agreement. Please address any questions related to these policies with your provider.

ARRIVAL TIME:

Please plan to arrive 15 minutes prior to your scheduled appointment time to allow adequate time to complete the check-in and payment process. Your appointment will end at its scheduled time regardless of any time lost at check-in or due to late arrivals.

PAYMENT AND OUTSTANDING BALANCES:

Copayments, coinsurance, deductibles, or self-pay rates are due in full at the time of service. Your appointment may be rescheduled if you are unable to pay for your visit at the time of service (except in the rare case of psychiatric emergencies).

- You are solely responsible for the payment of your account regardless of payment or lack of payment by any insurance carrier or another guarantor.
- Account balances will not be allowed to accrue. You will not be eligible to check-in for your appointment until outstanding balances are paid in full or a payment plan has been established.

INSURANCE VERIFICATION AND BILLING:

We will submit claim forms for insurance carriers with which we are in network. For carriers we are not contracted with, we will provide or mail you a receipt which includes the information necessary for you to file the claim.

- The estimate your insurance carrier provides us on your copayment or coinsurance rates is subject to change until you have received an Explanation of Benefits (EOB) from your carrier. This also applies to established patients who have changed insurance carriers or insurance plans.
- You will be expected to pay for the visit in full if you do not have an updated insurance card.
- Your health insurance contract is between you and your insurance company. We cannot guarantee that all services or therapies we recommend are covered by your insurance company. It is your responsibility to know your insurance benefits. Any questions or complaints regarding coverage should be directed to your carrier.

INSURANCE CHANGES:

It is your responsibility to notify our office if your insurance coverage changes. Please call to inform our office of these changes in advance of your appointment or you may choose to come early to allow time for insurance verification. Your appointment may be rescheduled if the insurance verification process delays your appointment start time.

FOLLOW-UP APPOINTMENTS:

Follow-up appointments ensure the safety of patients who are continuing on medication maintenance therapy. The frequency of these appointments depends on the complexity of your condition and the medications prescribed.

- You may be discharged from the practice if you fail to follow up for greater than 6 months follow-up time frame.

- Patients with an extended absence from care (greater than 90 days beyond the recommended follow-up time frame) will be scheduled for an appointment of extended duration to allow time for re-assessment. If you have a deductible or coinsurance, you may be responsible for a higher fee due to the extended appointment times.

APPOINTMENT REMINDERS:

Our office will attempt to remind you about your upcoming appointment 1-2 business days before. Text message, e-mail, or telephone reminders are a courtesy service only. You are responsible for your appointment whether or not your reminder was received.

LATE ARRIVALS:

If you arrive late to your appointment, the time for your session will be reduced accordingly; you will only be seen for the remainder of the time left in your reserved appointment slot.

- Arriving late for a scheduled appointment limits our ability to provide you with the best quality care and it often makes your clinician's schedule run behind for the remainder of the day.
- Patients arriving 10 or more minutes late to their scheduled appointment time will be offered the option to stay stand by for another appointment time on the same day (if one is available) or to reschedule the appointment. Those who choose to wait should keep in mind that the wait time could be considerably long and unpredictable as priority is given to patients who arrive on time. Regardless of what your situation may be, if you arrive late and choose to wait, you must wait until there is an opening. Repeated late arrivals who chose not to wait will be charged a Late Arrival fee equivalent to the prevailing no show fee.
- We strongly recommend that you arrive 15 minutes prior to your appointment because the appointment will end at its scheduled time regardless of any time lost at check-in.

LATE CANCELLATIONS & NO-SHOWS:

Appointments must be cancelled or rescheduled at least 24 hours in advance in order to avoid a Late Cancellation charge.

- Scheduling an appointment involves reservation of your provider's time specifically for you. If you fail to cancel or change an appointment 24 hours in advance, your provider is unable to offer that time to another patient.
- Insurance companies will not reimburse or cover Missed Appointment or Late Cancellation fees. Payment of these fees is your responsibility. Late fees must be paid at the time of your next appointment.
- It is difficult to provide quality care to patients who consistently

miss and/or cancel their appointments. You will be discharged from the practice if you make late cancellation or fail to show up for 5 or more appointments at any time during the course of treatment.

NO EXCEPTIONS:

While we are very sympathetic to the fact that situations arise which may make it difficult to keep or arrive on time to a scheduled appointment, we are unable to make exceptions to this policy.

PRIOR AUTHORIZATIONS:

Prior authorizations are a courtesy service. While we make every effort to secure coverage of prescribed medications, it is ultimately your responsibility to contact your insurance company to determine which medications are covered or to request appeals for coverage decisions.

TREATMENT ADHERENCE:

Medications will only be refilled for current patients who maintain their regularly scheduled appointments. Your refill request may be denied if you have not been seen within the follow-up time frame recommended by your provider. If you are overdue for follow up and in need of a refill please call to schedule an appointment; at that time your clinician may authorize a temporary refill. Temporary refills will not be granted for controlled substances.

- It is your responsibility to ensure that you have enough medication to last until your next scheduled follow-up visit. We strongly recommend that you schedule your next visit prior to leaving our office as your provider's schedule may fill up quickly.
- At times our office may call to reschedule your appointment due to a conflict in your clinician's schedule. If this occurs, please check your medications to be sure you have enough to last until the date you return.

HOW TO REQUEST REFILLS:

Refills may be requested by calling the office, leaving a voice message or by email to contact@pathwaysspecialtyclinic.com.

WHEN TO REQUEST REFILLS:

Refills should be requested at least 5 business days prior to running out of medication. Refill requests are not reviewed by your provider until the end of the business day so please plan accordingly.

- Medications are NOT be refilled after hours, on weekends, or on holidays.

MEDICATION COMPLIANCE:

You are responsible for complying with your prescribed medication regimen. You should not make any changes to your medication regimen without first consulting your clinician. It is your responsibility to inform your clinician of all other medications you are taking, including over-the-counter medications and supplements.

COMMUNICATING WITH THE CLINIC:

There may be times due to heavy call volume we may not answer your calls. If you reach a recording, please leave a message that includes your name, date of birth, a brief description of the nature of the issue, and information on how to be contacted. Allow up to 24 business hours for a return call.

- Basic questions regarding payment, insurance, and scheduling will be handled by our clinic staff. Medical questions may be addressed by clinic staff after collaboration with your provider. You will be asked to schedule an appointment to discuss any medication concern or symptom worsening as medication changes will not be made over the phone.
- If it becomes necessary to address your concern directly with your provider please be aware that these calls are limited to 5 minutes. Any calls greater than 5 minutes are subject to fees (\$30 for each 5-minute increment following the first 5 minutes). This includes telephone consultations with family members including guardians of minors.
- You may choose to communicate with the office staff or with your provider via email at: contact@pathwayspecialtyclinic.com
- Emails are not a secure form of communication. Communicating emails may risk the security of your protected health information. Your email communication will become part of your medical record.
- Email communication should NEVER be used to communicate confidential information or inform any emergency issue.

ON-CALL CLINICIAN SERVICES:

In the event of an urgent psychiatric matter outside of regular clinic hours your calls to the office will be diverted to the on-call provider or his/her voicemail box.

on-call clinician. Leave a brief message with your name, return phone number, and the nature of the emergency. You will receive a return telephone call promptly.

- This service should be utilized only for urgent matters that cannot wait until the next business day (i.e., suicidal thoughts or thoughts of harming others, serious medication reactions, or unusual behavior that may lead to physical harm).
- Nonurgent issues (i.e., medication refills, scheduling, or billing issues) may be addressed via e-mail or by leaving a voicemail message for the clinic staff.
- Calls placed for non-emergency issues may not receive a return call from the on-call provider.

EMERGENCY CARE:

In the event of a life-threatening emergency please call 911 or go to the nearest Emergency Department. Do not delay care by waiting for a response from our on-call provider.

FORMS COMPLETION, LEGAL SERVICES & OTHER SERVICES

FORMS & LETTERS:

If you have forms that require your clinician's signature, please fill out all of the required information and sign the form before submitting it to the front desk staff. Do not submit forms directly to your provider.

- It will take up to 7 business days for completion of forms and letters. Please plan accordingly.
- Fees will be assessed for completion of forms and letters. These fees are based on complexity and range from \$25-\$75. Letters requesting 504 accommodations & School Medication Authorization forms will be provided free of charge.

LEGAL TESTIMONY:

Legal testimony can often be damaging to the relationship between a patient and his or her clinician. However legal matters requiring the testimony of a mental health professional can and do arise. We require that you employ independent forensic psychiatric services should this type of evaluation or testimony be required.

- If for any reason any of our providers is deposed or subpoenaed on your behalf and required to testify or appear in court, you will be responsible for the clinic court fees which are \$4000 per day and will not be prorated (because attending court require blocking the clinician's schedule for the entire day). This fee must be paid upfront and in full.
- We will not complete custody evaluations or parental assessments for use in determining custody or visitation, CPS evaluations, or disability evaluations. You must find a forensic professional to assist you in these purposes.

TREATMENT OF MINORS

Please see the clinic policy regarding treatment of minors of divorced parents for additional information related to this unique situation.

Minors 17 years of age or younger must be accompanied by a parent or legal guardian. Under no circumstances will medication changes be authorized without a parent or legal guardian present.

TERMINATION OF CARE

At times, termination of care between a patient and provider is necessary. Termination of treatment may occur at any time and may be initiated by either the patient or the provider.

We will assume that you have terminated care if you fail to show up for a scheduled appointment and do not contact our office within 90 days of this missed appointment, or you do not schedule and attend a follow up appointment within 6 months of your last scheduled appointment.

Patients who are returning after 1 year from their last visit are considered as new patients and New patient evaluation charges going to be applied.

AGREEMENT

My signature below indicates that I have read the office policies document in full, I understand all of its provisions, and I agree to abide by these policies throughout the course of my professional relationship with Pathways Specialty clinic.

I understand that I may request a copy of this document at any time. I understand that violation of any of these policies is grounds for termination of care.

I agree that my electronic signature on this application is binding and enforceable, as if I had signed a paper copy.

Patient Name:

Date:

Patient Signature (or Legal Guardian, if a minor):