

# HUDSON PSYCHIATRIC ASSOCIATES, LLC

79 Hudson Street, Suite 203 ❖ Hoboken, NJ 07030 ❖ P: 201-222-8808 ❖ hudsonpsych.com

## Office Policy

*Please familiarize yourself with our office policies. If you have any questions, please call our office or your doctor.*

### Insurance

1. Patients are responsible for being aware of current insurance coverage. This includes the details of:
  - Out of network benefits
  - Deductible and/or "out-of-pocket"
  - Need for pre-certification
  - Current coverage and co-payment
  - Maximum annual visits
  - Current visits remaining
  - Any changes in coverage
2. If you have exceeded your benefits covered you are responsible for the **full payment** for any uncovered sessions.
3. Your mental health coverage may be "carved out" to other managed care companies. We are considered **out-of-network** with those companies.
4. Please note that your insurance may place limits on the number of visits allowed per calendar year. This may not be sufficient to cover the clinically appropriate level of care determined by your doctor.

### Medications

1. To ensure quality of care, **regular follow up** with routine office visits is necessary for prescriptions to be provided.
2. If 2 or more scheduled office visits have been missed, or the time since last visit exceeds 90 days, the physician **must be seen** before any

prescriptions are written.

3. Please inform your physician about needed refills at least 3 business days before your medication runs out. Set aside an emergency reserve of 3 to 5 days of each prescription .

### Cancellations

1. Because your appointment time has been reserved for you, **you will be charged for cancellations with less than 24 hours (one business day) notice.** For example, if your appointment is scheduled on a Monday or following a long weekend, please call on the preceding Friday.
2. **Charges for missed appointments are not covered by your insurance and are due and payable prior to any further appointments.** Please note that such charges include the amount normally covered by the insurance company **in addition to the copay amount.**

### Telephone Calls

1. Please leave your full name and phone number with your message. Please leave the best time of day to call.

### Payment

1. Payment is expected at the time of appointment. We accept cash, checks, Visa or Mastercard.
2. Requests for written reports or records may incur additional charges.
3. There is a \$50 charge for returned checks.

### Office Policy Patient Acknowledgement

patient name

birth date

I have received a copy of the office policy of Hudson Psychiatric Associates LLC and agree to the terms within.

signature

date

relationship to patient (if signed by authorized representative)

parent  legal guardian  other: