

Ascension Behavioral Healthcare, P.A.

PATIENT INFORMATION FORM

Emergency Phone Calls: In the event of an emergency, please call 911 or go to the nearest Emergency Room. Your clinician may also charge for services provided by phone. Please discuss this with your provider on your initial visit.

Billing: You will be required to make your co-payment and/or deductible prior to being seen. If you are unable to do so, you may be required to reschedule your appointment. Please be aware that you are responsible for payment of your deductible, co-payment and/or any other charges for service rendered that are not covered by your insurance. Any questions concerning your insurance or billing should be directed to our billing company, Integrated Medical Services, at 1 866 987-4442.

Prescriptions: Refill requests may take 24-48 hours to complete. DO NOT WAIT UNTIL YOU ARE OUT TO CALL FOR A REFILL. If a prior authorization is needed, it could take up to 72 hours to complete. Repetitive calls will only delay us from serving you efficiently. In addition, no prescriptions for controlled substances will be called in if lost, stolen, or misplaced.

Cancellations: To cancel an appointment, you must:

1. Call (803) 329-1915 during normal business hours (Monday-Friday, 9 a.m. to 5 p.m., excluding holidays) at least 24 hours before your scheduled appointment.
2. You must clearly state you are cancelling your appointment and give the date and time of the scheduled appointment.
3. Please record the date and time of your call and the name of the person who cancelled your appointment. You may be asked for this information if you call at a later date with questions regarding your appointment or rescheduling.

If you do not cancel your appointment 24 hours in advance, you will receive a bill for the appointment. Most insurance companies do not cover the cost of missed appointments; therefore, the entire cost will be your financial responsibility.

SERVICE:	CHARGE:
LETTERS	\$25.00
FORMS	\$15.00
LOST / REWRITTEN PRESCRIPTION	\$15.00
CANCELLED APPOINTMENT (NO CALL, NO SHOW)	\$30.00
CANCELLED APPOINTMENT (WITHIN 24 HOURS OF APPOINTMENT)	\$15.00
CALLED IN PRESCRIPTION AFTER MISSED/CANCELLED APPOINTMENT	\$15.00
COPY OF CLINIC NOTES	\$15.00 (1-4 pages); \$25.00 (5 or more pages)

The charges for services listed above will be billed directly to you. The fees are due prior to point of service.

I have read, understand, and agree to the above conditions.

Signature: _____

Date: _____