



## **Office Policies**

Welcome to Beautiful Minds Medical! The following is a statement of our office policy:

### **Medication Refills**

Please request medication refills via our Patient Portal, or by having the pharmacy contact us. Please allow at least three working days for refill requests to be processed.

### **Billing and Payments**

Copayments and for office visits are due at the time of your visit. The amount of your copayment or co-insurance is determined by your health plan or insurance coverage. Payment for non-covered services is due at the time you receive the service.

We are a Medicare Participating Provider. We accept assignment and will bill Medicare for you. Please be prepared to pay your deductible and co-insurance amounts at the time of your visit. You are responsible for any charges not covered under the Medicare Program.

If you have private insurance, and insurances that we contract with, we will bill your insurance company for you. We accept assignment of benefits; however, you are responsible, at the time of the visit, for any deductibles, co-insurance amounts, and charges not paid by your insurance. We do our best to verify your health plan or insurance coverage and limitations, but you are responsible for keeping us up to date on any changes to your plan or policy.

If your visit is related to an injury or illness suffered at work, or an automobile accident, please inform our receptionist immediately.

Patients with no insurance or who are unable to provide insurance information are required to pay for services when they are rendered. Beautiful Minds Medical accepts cash, checks, certain credit cards and ATM cards.

There will be a charge of \$30.00 for each returned check. Beautiful Minds Medical reserves the right to request payment by cash, credit card or debit card from any patient with two or more returned checks in any twelve month period.

You will receive a monthly statement from our office monthly indicating any balance due. Payment of the balance is expected within 10 days after receipt of the statement. Patients with unpaid personal balances may be asked to reschedule their appointment until the balance is paid.

Please inform us of any change to your name, address, telephone number, or your employment. Please discuss any questions or special circumstances with our Receptionist.

Refunds for credits on your account will be made to you or your health plan or insurance company, by check, to the address we have on file. Refunds may take up to four weeks to process.

**Missed Appointments**

We will attempt to contact you two working days in advance to confirm your appointment. Please contact us at least two working days prior to your appointment if you must cancel a scheduled appointment.

If you do not cancel your follow-up appointment at least one working day in advance, you will be charged a Late Cancellation fee of **\$55.00**. If you miss a scheduled follow-up appointment, you will be charged a **\$110.00 missed appointment fee**.

If you have more than one missed appointment with no cancellation notice, we will require your credit card information, and will automatically charge your credit card for future missed appointment.

**Late Arrivals**

If you arrive more than **fifteen minutes late** for your appointment, you may be rescheduled for a different time and date, and you will be charged a missed appointment fee.

**Forms Completion**

Beautiful Minds Medical charges a minimum fee of \$50.00 for completing letters and forms. We do not complete forms for health examinations, school or sports physicals or similar examinations.

**Notice of Privacy Practices Acknowledgment**

I acknowledge that I have received the Beautiful Minds Medical Notice of Privacy Practices.

**Patient Portal Consent**

Beautiful Minds Medical offers patients access to their providers and certain information through our Patient Portal, available at <http://www.beautifulmindsmedical.com>. The patient portal is the fastest and most convenient way for you to communicate with your provider between appointments. To receive access to the Patient Portal, we must have your email address.

My email address is \_\_\_\_\_ @ \_\_\_\_\_

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

Patient Signature: \_\_\_\_\_