

CARY BEHAVIORAL HEALTH PC
160 N.E. MAYNARD ROAD, SUITE # 200, CARY, NC 27513
PHONE (919) 466-7540 FAX (919) 466-7543

POLICIES AND PROCEDUES FOR MINORS

FEE SCHEDULE:

\$300.00	Initial Assessment
\$150.00	20-30 Minute Individual Therapy w/Medication Management
\$200.00	45-50 Minute Individual Therapy w/Medication Management
\$150.00	50 Minute Individual Psychotherapy
\$150.00	Family Therapy without Client
\$200.00	Family Therapy with Client
\$ 25.00	Report/Document Preparation

RECORD COPY FEE: To cover the costs incurred in searching, handling, and copying medical records a fee for each request shall be seventy-five cents per page for the first 25 pages, fifty cents per page for pages 26 through 100, and twenty-five cents for each page in excess of 100 pages and a minimum fee of up to ten dollars, inclusive of copying costs, for mailing medical records for the patient or the patients designated representative

TELEPHONE CALLS / PRESCRIPTIONS: Clients may occasionally have the need for crisis intervention by telephone. Telephone charges are based upon the length of the call. There is no charge for calls under 5 minutes concerning side effects of medications prescribed by Cary Behavioral Health. There is a flat rate charge of \$10.00 for calls over 5 minutes. We require at least 24 hours notice to refill a prescription faxed in from your pharmacy. However, for all stimulant prescriptions or if we need to call in an emergency prescription, you will be charged a \$10.00 fee. Please note during business hours it is more effective to reach us by our office number, pagers are for after business hours.

RETURNED CHECKS: It is policy of this office to charge a fee of \$25.00 for all returned checks. Once an account has a return check fee charge to it, regardless of reason, only cash or credit card will be accepted.

PARENTS, INFORMED CONSENT & DIVORCE: If you share legal custody and your divorce decree notes that you must inform the other parent of health appointments, please note that our services fall under this. Also note that to provide consent for treatment for your child you must either have sole legal custody or shared legal custody, and if you have no legal custody you cannot provide consent for treatment. **By signing below you are stating that you have the legal right to consent for this child.**

MEDICATION CONSENT: With the signing of this Policy you are authorizing doctor's at Cary Behavioral Health, P.C. to obtain, prescribe, and share medication history with pharmacy for your daughter/son _____ for the purpose of continuity of quality care. You may revoke this consent at anytime.

CANCELLATIONS: If you are unable to keep an appointment, please notify our office immediately. If an appointment is missed without 24 hour notice there will be a charge of \$45.00. Please note insurance carriers do not pay for cancelled or missed appointments.

Also by signing this agreement you are stating that you will be the parent/guardian responsible for all appointments, cancellations and charges.

PAYMENTS: As a courtesy to you, Cary Behavioral Health will accept assignment of any insurance benefits that we are in network with and file health care claims directly to your insurance company. However, payment of all applicable copays and deductibles (or any other amount not covered by your primary insurer) is required at the time services are rendered. Cary Behavioral health Care will not be able to file claims to your insurance company unless you provide us with accurate and complete information about your insurance plan. You must also promptly inform us of any changes in your insurance coverage or will not be able to file your claims. Similarly, many insurance companies are now managing their mental health benefits. This means you must consult your insurance booklet to see if your insurance company must approve sessions before they occur. If this is required you need to acquire authorizations and you are responsible to keep up with number of authorizations allowed and that you have used. If not sure please ask us and we will be happy to assist.

Please note that you are ultimately responsible for all charges incurred for your treatment or the treatment for which you are responsible. If for any reason your insurance company, or other third party payer (such as a divorced spouse or lawyer), does not reimburse Cary Behavioral Health for services rendered, you will be responsible for those charges, after 90 days if no payment is made by such parties.

Upon signing of this agreement you agree, in order for us to service our account or to collect any amounts you may owe, we may contact you by telephone at any telephone number associated with your account, including wireless telephone numbers. We may also contact you by sending emails, using any email address you provide to us. Methods of contact may include using pre-recorded/artificial voice messages and/or use of an automatic dialing device, as applicable.

CONFIDENTIALITY & PATIENTS RIGHTS: The law protects the privacy of all communications between a patient and a psychiatrist. By signing below you are also certifying that you have been given a copy of the Notice of Privacy Practices.

I have read the Policies and Procedure and understand and agree to the statements herein and terms or payment.

Patient's name (Printed)

Authority to act for Patient (Parent or Legal Guardian) Print Name

Signature

Date