



**Office:** 2730 S. Val Vista Dr. Ste. 146 Gilbert, AZ 85295

**Phone:** 480-471-8560 office, 888-979-8197 fax

**Registration Policy:** All clients or the client's legal guardian will be provided with a copy of this written policy regarding the clinic's registration procedures, no show/cancellation policy and procedures, billing policies, termination policy, medication refill policy at the time of registration (prior to their first visit), and the client or their legal guardian will accept the terms and conditions by signing an acknowledgment of all clinic practices.

**Registration Procedure:**

1. Insurance coverage will be verified as a courtesy for clients who have an insurance carrier that is accepted by the treating provider, prior to the first appointment. If any coverage issues are found during insurance verification, Redemption Psychiatry will communicate the information to the client prior to their visit. However, the ultimate responsibility for verifying coverage rests with the client. Benefit information obtained from the insurance company and/or authorization(s) are not a guarantee of payment to Redemption Psychiatry. Any charges not paid by the insurance company will be the financial responsibility of the client. Any changes in insurance, deductibles, and/or co-pays are the responsibility of the client. It is not the responsibility of Redemption Psychiatry to review the balance of any deductibles, changes in insurance or insurance information, or coordination of benefits. Any charges incurred due to, but not limited to deductibles, loss or change of insurance, or failure to coordinate benefits will be the client's financial responsibility. If authorization for services is required with the client's insurance, Redemption Psychiatry will retrieve authorization for the initial services. It is the responsibility of the client to request Redemption Psychiatry to obtain additional authorizations after the initial authorization has lapsed and/or all visits authorized have been used. If the client fails to notify Redemption Psychiatry or fails to retrieve authorization for the services and authorization is not obtained, any charges incurred that the insurance company denies due to lack of authorization will be the financial responsibility of the client.
2. Co-pays, deductibles, or any outstanding amounts on the client's account are due and payable prior to the client's appointment and will be collected prior to services being rendered; a follow-up appointment will not be scheduled if there is a balance due, unless the provider determines that the client is in an emergency situation, in which case, a follow-up appointment will be provided and the client will be given a 30-day written termination notice. An outstanding balance on the client's account includes no show and/or late cancellation fees that have not been collected.
3. New clients will be provided a written statement regarding the clinic's billing policies, termination policy, medication refill policy and no-show/cancellation policy; they will sign this statement to indicate they have read it and acknowledge the clinic's operating practices. Signatures may be obtained electronically and copies may be provided via the client's secure web portal, provided that this has been established. The client may receive complete copies of these policies, at his/her request. It is the client's responsibility to read the policy.
4. Clients will be required to establish a secure patient account through Valant Medical Solutions' Redemption Psychiatry LLC web portal prior to their visit, unless an exception is made by the treating provider. The client is also responsible for completing assignments on their web portal prior to subsequent visits. Accommodations will be made to complete these assignments in the office; provided that the client arrives 30 minutes early for their appointment. If appropriate assignments are not completed, the treating provider retains the right to reschedule the appointment.

**No Show/Cancellation Policy and Procedure:**

1. Clients who fail to show for an appointment or do not provide 24 hours notice, will be assessed a no show fee applicable to the appointment scheduled. The following fees will be charged to the client's account: \$150 for intake appointments and \$75 for established patient appointments. Redemption Psychiatry can be reached at all times for cancelling and rescheduling appointments at 480-471-8560; a message may be left after hours. Reminder calls, SMS texts, and emails through our automated system are a courtesy and may not occur at all times. It is the client's responsibility to ensure they are present for their scheduled appointment(s) or to provide notice of their cancellation. No show/late cancellation fees are not negotiable, except in extenuating circumstances that would have to be approved. If an appointment is canceled late (without 24 hours-notice) and rescheduled for the same day, this will also result in a no show fee applicable to the service.
2. If a client has a second no-show or cancellation (with or without 24 hours notice), they will be sent a letter terminating care with 30 days notice. If the second no-show or cancellation occurs immediately following the first no-show, no refills of medication will be given and the client will have been considered to have waived the notice period, as per the written termination policy. If the second no-show occurs later during their treatment, the provider (at his/her discretion) may provide refills of medication to cover the notice period of 30 days, and may choose to see the client during that 30 days if necessary due to the presence of an emergency condition.

**Registered Sex Offender Policy:**

1. According to A.R.S. § 13-3821 and § 13-3824, any person who has been convicted of specific sex crimes must register as a sex offender if they live in Arizona either permanently or temporarily. This statute applies to all sex offenders residing in Arizona regardless of what jurisdiction their crime was convicted in as long as the laws in that jurisdiction are in alignment with Arizona laws regarding crimes of a sexual nature.
2. By signing below, you agree to immediately notify Redemption Psychiatry, that you are or have become a registered sex offender. At which time, you understand, in order to protect our child and adolescent patients, we will no longer be continuing your care.

**Billing Policy and Procedures:**

1. Residual amounts due after insurance adjudication will be billed directly to the client and are the client's financial responsibility. Payment is due prior to services being rendered.
2. If a refund is owed to the client, the refund will be paid within approximately 6-8 weeks of adjudication.
3. Redemption Psychiatry bills the client's insurance company as a courtesy to the client; provided that the insurance carrier is contracted with Redemption Psychiatry. The client's insurance benefits are a contract between the client and the client's insurance company. It is the client's responsibility to verify their mental health benefits. If benefits are exhausted, the client is liable for all charges incurred. Whatever disagreements the client has with his/her insurance company including benefit information; it is the client's responsibility to contact their insurance company to resolve. It is our policy that Redemption Psychiatry collects any amounts as verified through the client's insurance company, such as co-pays or deductibles. Redemption Psychiatry will not make multiple verifications if the client disagrees with the information obtained from the insurance company. It is the client's responsibility to contact their insurance company if there are any discrepancies.
4. If there are billing issues, the client is to contact our clinic directly at 480-471-8560.
5. For self-paying clients who are filing their own claims with insurance companies with which Redemption Psychiatry is not affiliated, the client will be issued a copy of the encounter form that specifies all criteria needed for insurance companies to process the claim for their member and a receipt of payment.
6. Redemption Psychiatry is accepting self-pay clients. All payments for services are due and payable prior to the visit, prior to services being rendered.

**Administrative Services Listing:**

1. Fees for administrative services are to be paid in advance and are not billed to your insurance carrier and/or to your client account.
2. Employee Completed Forms: \$20.00/page
  - a. FMLA Forms
  - b. Disability Forms
  - c. Other forms requiring manual completion
3. Copies of Medical Records (except to treating physicians and health insurance carriers):
  - a. Paper copies are \$40.00 for the first 100 pages and .25 a page thereafter.
  - b. Electronic copies provided as .pdf can be faxed or emailed free of charge.

**Termination Policy and Procedure:**

1. Clients may terminate treatment at any time.
2. The clinic may terminate treatment for the following reasons:
  - a. The provider determines that the clinic staff does not have the expertise to treat the client's problems.
  - b. The provider determines that the client needs a higher level of care and Redemption Psychiatry doesn't provide the scope of services needed for the client.
  - c. The client is failing to adhere to the treatment plan – i.e. misuse of prescribed medication, failure to notify the provider of significant changes in condition, two or more no-shows or cancellations (with or without 24 hours-notice) consecutively for scheduled appointments, or multiple appointment cancellations that result in significant periods without treatment.
  - d. Failure to pay outstanding charges on client account or failure to pay for services to include no show fees.
  - e. Inappropriate behavior (e.g., threats, derogatory language, and/or not limited to any disruption to the clinic).
3. If the clinic terminates care, the client will be provided written notice including the reasons for the termination and referrals for alternative sources of treatment (if, in the opinion of the provider, the client would benefit from some further treatment). Notice period will be 30 days UNLESS termination is due to non-adherence with the treatment plan or inappropriate behavior, in which case the client will be considered to have violated the treatment contract and waived the notice period.
4. If a client's treatment has been terminated for any of the reasons listed above, the client's record will not be re-opened in the future for any reason or for any other outpatient provider, unless authorized by the Clinic Director.

\_\_\_\_\_  
Signature of Patient, Parent or Legal Guardian

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Relationship