

# **Fusion Behavioral Care**

# Office Policies - Patient Copy for Reference

### **Consent to Treat**

I understand that I will participate in the planning of my care, treatment, and/or services, and that I have the right to stop such care, treatment, or services at any time. I also understand that I am aware of the treatment that will be provided for me by Fusion Behavioral Care, I have the right to be educated on any treatment before engaging in that treatment, and that I have the right to stop treatment at any time. I authorize Fusion Behavioral Care providers to treat me, and recommend me, for other services, evaluations, or testing as needed for diagnosis and ongoing treatment of my condition(s).

# **Attendance Policy**

If you need to reschedule or cancel an appointment, we appreciate our patients trying to contact us at the earliest opportunity possible, but no later than 24 hours prior to the scheduled appointment. This is important for us in having time to get someone else in need scheduled for that appointment slot. Rescheduling or cancelling an appointment 24 hours or less before the scheduled appointment time, could result in a \$50 late cancellation fee since that is often not enough time to get another person into that time slot. "Noshows" are when a patient is scheduled and simply doesn't show without contacting us to reschedule. If there is repeated tardiness for appointments (arriving more than 5 minutes after the scheduled time without calling ahead) these may also count as a "no-show", since seeing patients on time is important in us being on time to see other patients at their scheduled times. If any patient has 3 no-shows in a 12 month period, they will be referred to

another provider and discharged from our services, unless there are very rare and extenuating circumstances contributing to the missed appointment or tardiness that have been discussed with staff after each no show. By signing below, you are acknowledging you have read and understand the information in this document and agree to abide by the rules regarding appointments.

#### **Financial Policies and Information**

Fusion Behavioral Care is a specialty practice. This means your insurance company may require you to obtain a referral from your primary care physician (PCP). It is your responsibility to request a referral and ensure your provider sends a referral to our practice. This can be faxed to our practice at 949-695-3660. We accept most major insurance plans. We will make every effort possible to file a claim on your behalf, however, payment for services rendered remains your responsibility for all uncovered costs. Please contact your member services department with your insurance if you have questions or concerns about the prior authorization process and/or services covered/not covered by your insurance carrier. If you do not have health insurance, you will be expected to pay for services at the time rendered unless prior arrangements have been made with our financial/billing department. We accept major credit cards, cash, and personal checks. You are expected to make a payment toward any outstanding balance upon receipt of a billing statement. An account is considered overdue if not paid within 30 days of the date on the billing statement. Unpaid accounts beyond 90 days will be considered delinquent and referred to a collection agency. Returned personal checks will be assessed a \$50 fee. If your insurance plan requires a co-payment, it will be due in full on the day services are rendered. Financial payment plans and options may be made available by contacting our office and requesting to speak with our billing department.