



## *Policies and Procedures*

For all questions regarding an appointment, or to leave a general message during regular business hours Monday- Thursday 8:00-4:30pm, please call (828) 974-7004. Our Fax number is 828-974-7005, or you may visit [www.ricardobierrenbach.com](http://www.ricardobierrenbach.com).

### **Emergencies:**

If you have an emergency after business hours please call (817) 589-3803 for the Answering Service. Patients may also call Smoky Mountain Center 1-800-849-6127 or RHA Mobile Crisis 1-888-573-1006. Call 911 or go to the nearest emergency room for life threatening emergencies. The On-Call physician is for emergencies only and cannot refill medication.

### **Prescription Refills (828) 974-7004**

Patients with scheduled appointments that are requesting refills may contact your pharmacy to send the request to 828 974-7005. **Allow 5 business days to complete your request.** Refills will not be authorized for anyone who does not have a scheduled appointment. Dr Bierrenbach will authorize requests for medication refills at his discretion, based on the patient's best interest and safety. Per office policy we do not refill medication on weekends or holidays.

### **Controlled Substance prescriptions**

This facility utilizes the North Carolina Controlled Substance Reporting System. All patients prescribed a controlled substance are subject to random pill counts and drug screens. Stimulant medication (Schedule II controlled substances) cannot be called or faxed into the pharmacy, you will be notified when the prescription has been e- prescribed.

### **Prior Authorizations for Medication**

Insurance plans will often require prior authorizations for continued and newly prescribed medications. **KNOW THE MEDICINES** on your plan that require authorizations (a list is provided by your carrier), and **BRING** to your appointment, to help limit needed authorizations. It is your responsibility to schedule your appointments in a timely manner that will allow a minimum of 1 week to process the request. The Physician will often give you a voucher to use for medications that may require authorization these will need to be given to the pharmacy with your prescription.

## **Cancellations and Missed appointments**

### **Established Patients**

As an established patient, we require 24hrs notification for any rescheduling or cancellations. If you do not provide 24 hour notice, or fail to show for a scheduled appointment, you will be responsible for a \$75 charge. Please note that insurance companies will not pay for missed appointments or appointments that are cancelled late. Please note after 3 missed or cancellations, the Physician will have the option to terminate care. Reminder calls are a courtesy to patients. You are responsible for your appointment whether your reminder was received or not.

### **New Patients - Initial Appointment\***

At the time of scheduling, all new patients will be required to provide a major credit card to hold your appointment. If you need to cancel or reschedule your appointment, 24hrs notice is required. Monday appts must be rescheduled or cancelled by Friday at 1pm. If an appointment is not cancelled or rescheduled within 24hrs, the credit card on file will be charged a \$150 non refundable fee.

**All fees are due at the time of service (co payments, deductibles, non-covered services, lack of medical coverage).** The office accepts cash, MasterCard, Visa and debit cards for your convenience. If you have received 3 or more statements and your account is overdue more than 90 days, we have the option of cancelling current and any future appointments until arrangements have been made with the Business Office.

Any other professional services that require longer than 5 minutes such as report writing, letters, telephone conversations (non-emergency), preparation of treatment summaries, or time spent performing any other services outside of your appointment you will be charged \$70 for each 15 minute increment, similar to the fee for treatment. Temporary Disability and FMLA paperwork will be a charge of \$45. Letters such as 504's and medication letters will be charged \$30. Medical Records copying pgs. 1-25, \$2 per page, pg. 26-100, \$1 per page, and 0.50 cents for each page in excess of 100. We impose a minimum fee of \$10.00 for copying records.

**Insurance Billing and Payments:**

As a courtesy to our patients we will bill your insurance company directly for services rendered. While we make every effort to attempt to verify coverage, we are not able to guarantee that the information given to us by your insurance is correct. We encourage you to call your insurance plan directly if you have any questions about covered services prior to your appointment. In addition, you will be responsible for payment of all non-covered services at the time they are rendered. In the event that your insurance subsequently pays for services that were first treated as non-covered, you will be reimbursed. Know that it is your responsibility to notify our office if you have any insurance changes.

Please be advised that ultimately you are financially responsible for payment of medical services rendered by this office.

**Termination of Services:**

Any abusive behavior towards the physician or support staff will not be tolerated and if necessary dismissed from the practice at Dr Bierrenbach's discretion.

Dr Bierrenbach will establish a treatment plan with all patients. If the treatment plan is not being effectively utilized, such as repeated cancellations, no-show to appointments, default of payment, manipulative behavior, drug seeking behavior, or non-compliance in follow up appointments we will initiate termination of services.

Our office staff will attempt to contact you if you have not been in contact with Dr Bierrenbach for over 6 months. If we are unable to contact you, your patient status will be marked 'inactive' . If your status is moved to 'inactive' Dr Bierrenbach will require an \*initial intake assessment to re-start treatment.

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

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