

James R. Parks, M.D. PLLC
Child & Adolescent Psychiatry

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Office Policies and Procedures

Appointments: Psychiatry sessions are by appointment only during regular office hours. Fees are based on time and sessions that go over will be charged accordingly. With the exception of emergency situations over which we have no control, our appointments begin promptly as scheduled. Your appointment time is reserved for you and you are encouraged to be certain that you arrive on time.

Appointment changes/cancellations/missed appointments/late arriving to an appointment:

Patients agree to notify the office of appointment changes or cancellations as far in advance of the scheduled time as possible. Mental health care requires the collaborative effort of both you and your clinician. When you do not come to your scheduled appointment or cancel without giving the required notification by calling during office hours, not only do you miss an opportunity for treatment, but you deny someone else the opportunity as well. Our office requires a **minimum** of 24 business hours to cancel a follow-up appointment and a **minimum** of 48 business hours to cancel a new patient evaluation. For example, Monday appointments for a new patient evaluation must be cancelled by the corresponding time on Thursday to avoid being a late cancel. If you are late to your appointment, you will cut into your appointment time but will be responsible for the fee for the full time. Also, if you are **10 minutes** or more late for an appointment, it will likely be considered a missed appointment so not to make other patients that were on time wait longer for their scheduled appointments. **It is your responsibility to keep track of your appointments.** The physician's office will make efforts to provide a courtesy reminder, but cannot guarantee that the reminder will be made or that it has been received. Reminders will normally be made via E-mail or phone call, the day prior to the appointment but this is not guaranteed and should not be relied upon to prevent your being charged for a missed appointment. **Consequently, missed appointments, late appointments, and late cancellations will be charged a \$50 fee, which will be due on your subsequent appointment.** Insurance companies will not pay for missed appointments, late appointments, or late cancellations so it will be your responsibility to pay. In emergency situations, we will work with you on a case-by-case basis.

Inclement weather policy: If the University of Arkansas or the Fayetteville Public School system is closed, our office will be closed. If there is inclement weather in Northwest Arkansas and you believe it is unsafe to travel to your appointment, please cancel your appointment as soon as possible. When inclement weather is in the area but our office is open, we will work with patients on a case-by-case basis to determine if late cancellation fees apply.

Financial policy/fees/payment: Payment is required at or before the time of the appointment. We accept cash, checks, Visa, MasterCard, and Discover. Please make checks payable to "James R. Parks, M.D. PLLC." We understand that obtaining psychiatric services can be a substantial financial commitment on your part. As

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such, we believe it is extremely important for you to know exactly what your financial obligations are. You are responsible for ensuring that all of the associated fees are paid on your account. Since you are responsible, this means that even if another person/entity, such as another parent or your insurance company, is expected to cover the charges and does not, you will be held financially responsible. If for any reason, your account is delinquent, we have the right to pursue collections action, either through a collections agency or in small-claims court. Also, please be sure to check your health insurance coverage for outpatient mental health care. Usually, there is a yearly deductible and a co-payment for each visit. Often, there is a yearly maximum on either the number of visits or the amount paid for psychiatric services. We ask that you present your insurance card and correct/updated information at each visit. We will collect your deductible, co-payment, or charge for non-covered services at the time of your visit. **Services will not be rendered unless payment is collected before each appointment.** Failure of your insurance company to make a payment does not release you from the responsibility to make the payment. If you have a balance after an insurance payment from a previous service, we will ask for that payment prior to your next appointment. **A monthly late-fee of \$25.00 will be applied to balances that remain unpaid for 30-days. There is a \$35.00 charge for bounced checks and a \$5.00 charge for declined credit cards.** These fees must be paid prior to your next appointment. Also, in the event that your account gets turned over to collections, you are responsible for the entire bill plus 100% of collection fees.

Phone calls/emergency calls/contact policy: Your physician cannot promise that he will be available at all times. You can leave a message on his voice mail and he will return your call as soon as possible. When you are expecting a return call and your telephone Caller ID does not accept Private or blocked calls, **we may not be able to return your phone call.** Please unblock your caller ID prior to placing your call. When leaving a message, please include a telephone number where you can be reached. Please note that if you have an issue that requires more than a few minutes of time, the physician may recommend that you schedule an appointment so your concerns can be addressed more thoroughly. For phone calls that require more than a few minutes or for multiple phone calls between sessions, our office reserves the right to charge fees based on time required. Additional fees could apply to contact outside of the hours of 8AM-5PM Monday-Friday. If you have an emergency or crisis that represent a life threatening emergency, **always** call 911 immediately or go to your local emergency room. Clients may email the physician at james@jamesparksmid.com; however, please be advised that e-mail transmissions are not secure and therefore may not be confidential. We ask that therapeutic issues and concerns be addressed in person.

Prescription Policy: If you lose your prescriptions or if prescriptions are requested prior to your medications running out before scheduled, you will be charged a \$20 fee for prescriptions written or called in to your pharmacy. Please note that prescriptions for controlled substances cannot be called in and must be picked up or mailed. When requesting a refill, please provide all information regarding the prescription you are requesting, including your pharmacy name and number. A mail out fee of \$5.00 is charged for prescription

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requests to be sent via mail. Take all medication as prescribed. As with all medications, these have been prescribed for you exclusively, based on knowledge of your personal needs and medical background. Sharing these medications is both medically contraindicated and illegal. Your cooperation is appreciated. Prescriptions will only be called in for those who are current patients and who maintain their regularly scheduled appointments. You will generally have enough refills on your prescriptions to last until your next appointment and it is your responsibility to schedule and keep your appointments as suggested. We will not be able to provide immediate refills to walk-in patients, nor do we issue refills in the evenings or on weekends or holidays. Also, the physician/provider has the authority to refuse early prescription requests.

Requests for Forms, Letters, and Reports: Forms, letters, and reports may be provided at the doctor's discretion. Due to the additional time and cost incurred, there is a fee for all forms, letters, or reports completed by the physician. The fees vary between types and can be explained to you by the staff if the need arises.

Termination of Treatment: The physician/provider can terminate treatment with a patient after discussion under certain extreme circumstances. These include but are not limited to:

1. Re-occurring non-payment
2. Multiple cancellations or no-shows
3. Failure to demonstrate participation in treatment.

The termination will be documented in writing and we will attempt to refer you to another physician or provider. Patients are under no obligation to continue services should they decide to terminate and can discontinue treatment at any time in person, by phone, or in writing.

Acceptance of Policies: James R. Parks, M.D. PLLC is committed to providing professional services of the highest quality and standards. In order to serve our patients efficiently and responsibly, we require agreements be made as to the policies stated above. Patients are encouraged to ask questions before signing.

I, _____ (Client/Guardian) have read, understand, and agree to abide by all of the above office policies and procedures for James R. Parks, M.D. PLLC.

Client Signature: _____ Date: _____

Guardian's Signature (if minor): _____ Date: _____

Staff Signature: _____ Date: _____