

In-Person Clinic Policies

_____ Failures to keep appointments hamper our efforts to be efficient and are unfair to other patients. Our office policy is therefore to charge our full fee for "no-shows" or appointments cancelled with less than 24 hours' notice. This also applies to sessions in which you are not physically located within one of our licensed states (Wisconsin, Iowa, and Minnesota) at the time of your session, as these meetings will need to be rescheduled due to medical licensure laws.

_____ We request that you submit a current credit card on file before your first visit. If you have not submitted your payment information by 24 hours before the time of your first scheduled appointment, your session may be rescheduled, and you may be considered a "no-show" and billed according to our office policies and procedures.

_____ You will receive an invoice following each visit, which will include the applicable billing codes for your visit, which you may submit to your insurance for any available out-of-network benefits. A billing code is a string of digits or letters or both that is assigned to each diagnosis or procedure. Your card on file will be charged for the full amount of any outstanding balance 30 days after your visit, if not paid online before that date. Late fees of up to 8% per year may be assessed for bills not paid within 30 days of billing.

_____ For telepsychiatry visits, please electronically submit the intake form **at least 48 hours** before your first scheduled visit. If you have not returned the required paperwork by the time of your scheduled appointment, your session may be rescheduled, and you may be considered a "no-show" and billed according to our office policies and procedures. Clinic policies and consent forms will be given and discussed at your first appointment.

_____ We believe in the importance of a truly whole-person approach to health care. In line with that philosophy, and because of the unique nature of telemedicine practice, we require both that all our patients have an ongoing relationship with a local primary care provider, and that you authorize us to collaborate with that provider in your care. You will need to provide a signed release for us to communicate with your primary care provider when you submit your initial patient paperwork. You are responsible for letting our office know if you change primary care providers in the future and completing an updated release form.

_____ It is our intention to provide prompt, friendly message support to address questions or concerns you may have between visits at no charge. However, we do ask that you keep the volume of messages and calls within reasonable limits, in order to allow us to continue to reply in a timely fashion to all our patients. Please note that if the volume of communication becomes excessive or if this privilege is abused in any way, Dr. Burger reserves the right to bill you for her time to address your messages at her normal hourly rate. She will discuss any concerning communication patterns with you directly before implementing this email policy.

_____ We are happy to complete paperwork or other letters for legal, insurance, and other reasons. We charge our normal hourly rates for such work, billed in 15 minute increments. We try to complete paperwork together during appointments to reduce these added costs.

_____ Regarding refills, your physician will provide as many refills as believed to be reasonable given the stability of your condition and frequency of monitoring needed. If your condition requires monitoring, and we have not seen you recently, we may insist on a new appointment. We will typically provide you with enough medication until the next appointment. We do this to provide safe and appropriate care for you. If you are in need of a remaining refill, please contact your pharmacy. Your pharmacy will contact our office if authorization is required. Your requests will be processed within 1-2 business days after receipt of your pharmacy's requests so please plan accordingly. For an urgent immediate refill, you may go to your nearest Emergency room.

_____ We do not work with insurance companies. Payment for services is due at the time of service. Within one day after your visit, you will be provided with a superbill containing the CPT diagnostic codes for you to submit yourself, to your insurance for reimbursement. Contact the membership number on the back of your insurance card. An insurance representative will direct you to the area on the insurance website where a reimbursement form can be printed out. You will complete that form, in addition to providing the CPT codes from the superbill. The form will then be submitted to your insurance company by either mail or fax to receive reimbursement. You can also decide to download and utilize the Reimbursify app for ease.

I, _____, have read and understand these Office Policies and Procedures, and I agree to abide by them. I have been given adequate opportunity to ask all my questions, and to all of them I have received answers satisfactory to me in language I understand. As I sign this document, I am not under the influence of alcohol or of any other drug that might impair my understanding.

Date: _____ Patient Signature: _____
Patient Name (Printed): _____