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) 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

_____ Please submit all required paperwork and consent forms **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.

_____ 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 and telephone 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.

_____ Driftless Integrative Psychiatry does not prescribe controlled substances, including benzodiazepines or stimulants.

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): _____

If the patient cannot sign this form owing to incapacity or is under the age of eighteen (18), an authorized personal representative such as a guardian or a health care power of attorney should sign this document on the individual's behalf.