

**Kathleen Cramer, Ph.D.**  
**Office Policies and Procedures**

**Date:** 03/09/2015

**Purpose:** To inform all clients about the following office policies: registration, no-show/late cancellation fees, billing procedures, and termination of treatment. This information is provided in order to establish consistent guidelines in receiving and refunding any fees.

**Registration Policy and Procedure:**

1. All patients (or the patient's legal guardian) will be provided with a copy of this written policy regarding registration procedures, no show/cancellation policy and procedures, billing policies, and termination policy. This copy will be offered when patients arrive at the office for their first appointment. It is the patient's responsibility to read the policies and to acknowledge agreement with same by signing below. Patients may receive a copy of Dr. Cramer's office policies by requesting same.
  2. Insurance coverage will be verified as a courtesy for patients who have insurance coverage, prior to the first appointment. If any coverage issues are found during insurance verification, we will communicate the information to the patient prior to their visit. However, the ultimate responsibility for verifying insurance coverage rests with the patient. Benefit information obtained from the insurance company and/or authorization(s) are not a guarantee of payment. Any charges not paid by the insurance company will be the financial responsibility of the patient. Any changes in insurance, deductibles, and/or co-pays are the responsibility of the patient. It is not our responsibility to review the balance of any deductibles, changes in insurance or insurance information, or coordination of benefits. Any charges incurred due (but not limited) to deductibles, loss or change of insurance, or failure to coordinate benefits will be the patient's financial responsibility. If authorization for services is required with the patient's insurance, we will obtain authorization for the initial services (first visit). It is the responsibility of the patient to obtain additional authorizations after the initial authorization has lapsed and/or all authorized visits have been used. If the patient fails to obtain authorization for services – and the insurance company subsequently refuses to pay for such services – then any charges incurred will be the financial responsibility of the patient.
  3. Co-pays, deductibles, co-insurance, and/or any outstanding amounts on the patient's account are due and payable prior to the patient's appointment and will be collected prior to services being rendered; a follow-up appointment will not be scheduled if there is a balance due UNLESS we determine that the patient is in an emergency situation. In that case, a follow-up appointment will be offered; and the patient will be given a 30-day written termination notice with referral sources. Outstanding balances on the patient's account include no-show and/or late cancellation fees that have not been collected.
- New patients will be provided a written statement regarding the billing policies, termination policy and no-show/cancellation policy;

**No-Show/Cancellation Policy and Procedure:**

1. Patients who fail to show for an appointment ("no show") or who fail to provide 24-hour notice of cancellation will be assessed a no-show/late cancellation fee of \$125.00 *per hour*. The office can be reached at all times for cancelling/rescheduling appointments at 480.355.4261, and a message may be left after hours. It is the patient's responsibility to ensure they are present for their scheduled appointment(s) or to provide notice of their cancellation. No-show/late cancellation fees are not negotiable, except in extenuating circumstances that would have to be approved by Dr. Cramer. If an appointment is late cancelled (without 24-hour notice) but rescheduled for the same day, then no late cancellation will be assessed.
2. If patients have a second no-show/late cancellation, then they may be sent a letter terminating care with 30 days notice. This issue will be addressed on a case-by-case basis, but final decisionmaking will be at the discretion of Dr. Cramer.

**Billing Policy and Procedure:**

1. Residual amounts due after insurance adjudication will be billed directly to the patient and are the patient's financial responsibility. Payment is due prior to additional services being rendered.
2. If a refund is owed to the patient, the refund will be paid within approximately 6-8 weeks of adjudication.
3. We bill the patient's insurance company as a courtesy to the patient. The patient's insurance benefits are a contract between the patient and the patient's insurance company. *It is the patient's responsibility to verify his/her mental health benefits.* If benefits are exhausted, the patient is liable for all charges incurred. Whatever disagreements the patient has with his/her insurance company including benefit information, it is the patient's responsibility to contact their insurance company to resolve. It is our policy to collect any amounts as verified through the patient's insurance company, such as co-pays or deductibles. We will not make multiple verifications if the patient disagrees with the information obtained from the insurance company. It is the patient's responsibility to contact their insurance company if there are any discrepancies.
4. If there are billing issues, the patient is to contact their insurance company.
5. For self-paying patients who are filing their own claims with insurance companies with which we are not affiliated, the patient will be issued a receipt of payment.

**Termination Policy and Procedure:**

1. Patients may terminate treatment at any time.
2. Dr. Cramer may terminate treatment for the following reasons:
  - a. She determines that she does not have appropriate expertise to treat the patient's problems.
  - b. She determines that the patient needs a higher level of care that is outside the scope of her practice.
  - c. The patient fails to comply with his/her treatment plan, including missed appointments that result in significant periods of time without treatment.
  - d. The patient fails to comply with policies and procedures set forth in this memo.
  - e. The patient fails to pay outstanding charges on his/her account.
  - f. The patient exhibits inappropriate behavior (e.g., threats, derogatory language, or any other disruptions to the practice).
3. If Dr. Cramer terminates care, the patient will be provided written notice including the reasons for the termination and referrals for alternative sources of treatment. Notice period will be 30 days UNLESS termination is due to non-adherence with the treatment plan or inappropriate behavior, in which case the patient will be considered to have violated the treatment contract and waived the notice period.
4. If a patient's treatment has been terminated for any of the reasons listed above, the patient's record will not be re-opened in the future for any reason.

Kathleen Cramer, Ph.D.

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Psychologist

***By signing below, I acknowledge that I have read and agree with this copy of Dr. Cramer's Office Policies and Procedures.***

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Signature of Patient

\_\_\_\_\_  
Date

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Printed Name of Patient