



225 Adley Way – Greenville, SC 29607
(864) 987-9747 – fax (864) 987-9770

OFFICE POLICIES

Copayments, Balances, Information Changes-

- Deductible’s, Co-payments, Co-insurances are due at time of service.
- Co-payments and balances are due prior to seeing provider.
- Please notify us of any changes of address, phone number, or Insurance.

Suboxone Fees / Treatment Contract / Waiver (Applies only if being treated w/Suboxone)

Suboxone is an every 4 week Maintenance program that is a unique form of treatment for opioid dependence. The fee is \$280 every for weeks. Once you sign the contract to be on the program you are responsible to keep your appointments every 4 weeks and follow the Treatment Contract. Suboxone waiver once you sign the waiver you are bound to abide by the waiver as long as you are in treatment with our practice. If you fail to be responsible or abide by Treatment Contract and or waiver, we have the right to dismiss you from our practice. We are contracted with **most** Blue Cross Blue Shield Insurances and **most** Cigna plans for suboxone treatment. Let us know if you have either of these.

Prescription Fees-

- **\$30.00** for E-mail (must be paid at pick-up) (if not picked-up will pay at next office visit)
- **\$30.00** for Pick-up (must be paid at pick-up) (if not picked up will pay at next office visit)
- **\$30.00** for Call-in (must be paid prior to calling-in)
- **\$30.00** for **Prior Authorization** of prescription (must be paid prior to handling prior Authorization)
- ***We do not call Prescriptions in after hours. (NO EXCEPTIONS)***

Late Cancellation / No Show Fees-

- ***24 Hours notice must be given for cancellations or there will be a charge.***
- Physicians, Nurse Practitioner and Therapist will be **\$100.00**

Disability Forms-

- This office does not fill out **Permanent Disability Forms.**
- **Short Term Disability Forms** can be completed **ONLY** if our Physician or Practitioner takes you out of work. The fee is **\$50.00** for the 1st page and **\$10.00** for each additional page and a **\$20.00** clerical fee. **All fees** must be paid prior to forms completion.

Letters-

- A letter fee of **\$30.00** will be charged for all letters. If notarized it will cost **\$35.00**.

Claims-

- Sherbondy’s Psychiatric Services will file all insurance claims as a courtesy to our patient, however, if after 60 days my insurance company has not processed my claims: it will then become my responsibility.

Delinquent account balances / Interest -

- Account balances over 90 days old could accrue interest at 30%. All accounts over 120 days are subject to be turned over to a collection agency. **All fees** are the patient responsibility.

NEW INSURANCE-

- **IF YOU HAVE NEW INSURANCE PLEASE NOTIFY OUR OFFICE 24 TO 48 HOURS PRIOR TO YOUR NEXT APPOINTMENT SO THAT YOUR NEW BENEFITS CAN BE VERIFIED.** If you fail to notify us in advance with your new insurance you will be asked to reschedule and or be cash pay for that visit.

I, _____ have read and understand the Office Policies above and I accept the Office polices of Sherbondy’s Psychiatric Services.

Signature

Date