



## **CEDAR CENTRE**

**PSYCHIATRIC GROUP, L.L.P.**

P.O. Box 1408  
Cedar Rapids, IA 52406-1408 (319)-365-3993

### **Office Policies for Patients**

#### ➤ **Phone Calls**

Please feel free to call at any time with any questions or concerns. Receptionists are available to take calls between 9:00am – 5:00pm, Monday – Friday. The Physicians will try to return calls between appointments or after their office hours. If calling with an emergency, the receptionist can contact your physician or another on-call physician immediately. After hours and on weekends, the answering service can page your physician or another on-call physician.

#### ➤ **Prescriptions**

If you need a prescription before your next appointment, call the office and speak with the receptionist. Please call before running out of medications **AT LEAST TWO BUSINESS DAYS** in advance as prescriptions cannot always be written or called in, the same day as they are requested. In some cases you may incur a mail or call in fee of \$8.50 for the prescription. In addition, all lost prescriptions will incur a \$10 charge.

Additionally, Adderall, Adderall XR, Amphetamine Salts, Concerta, Daytrana, Dexedrine, Dexedrine Spansules, Dextrostat, Focalin, Metadate, Metadate CD, Ritalin, Ritalin LA, Vyvanse or any generic for these medications cannot be called into a pharmacy. These prescriptions need to be picked up by you, or if you live out of town, mailed to you.

#### ➤ **Cancellations**

Please call the office at least 24 hours in advance if you are unable to keep your appointment. **PRESCRIPTIONS CANNOT BE WRITTEN IF APPOINTMENTS ARE NOT KEPT.** Failure to give adequate notice is subject to a **NO-SHOW FEE** at the **PROVIDERS' DISCRETION**.

#### ➤ **Insurance Cards**

Insurance cards must be presented at the time of service. A copy of your insurance card is necessary in processing your claims correctly. If you have insurance coverage and have not provided a copy of your insurance card to our office, you may be responsible for payment in full at time of service.

#### ➤ **Payments**

Co-payments and co-insurance are a contractual agreement between you and your insurance carrier. All co-payments and co-insurance are due at time of service. Past due balances are required to be paid prior to your appointments unless payment arrangements have been made with the business office.

#### ➤ **Referrals/Authorizations**

Cedar Centre requests that **ALL PATIENTS** contact their insurance company prior to, or the same day as, their first appointment. Some insurance companies will not make payment towards claims at the Cedar Centre until the patient contacts them directly. Referrals from a primary care physician do not guarantee authorization for Mental Health Services. If you do not obtain the referral/authorization, you may be responsible for payment of the entire balance of your visits.

#### ➤ **Termination**

The professional relationship between you and your provider may be terminated due to, but not limited to; non-compliance in following up with recommended appointments, refusal to follow medical advice and treatment, and / or failure to take financial responsibility of your account. In this situation you would be given advanced written notice by mail and provided with a 30-day prescription of your medication and emergency care would only be provided. It would then be your responsibility to find a new provider.