

Christina Smith, M.D./Cahaba Psychiatry and Wellness, LLC

## Policies and Fee Schedule

Thank you for requesting an appointment with my practice. I look forward to the possibility of working with you and ask that you carefully review my practice policies. Please note completing this form does not establish a doctor-patient relationship.

**Please initial at the end of each section.**

### **Payment/Insurance:**

Payment is expected at the time of service. The complete payment schedule is detailed below. I am considered out of network for insurance companies and do not file insurance claims. I will provide a superbill receipt following each appointment that patients can use if they wish to self-file their claims.

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### **Cancellation Policy:**

Please remember that your appointment time is reserved just for you. I do not overbook my schedule in anticipation of no-shows or late cancellations. If you are not able to come to your appointment, please reschedule through the link on your reminder email or contact the office to let me know. It's important to keep up regular appointments for your ongoing healthcare needs. **All patients will be expected to be seen for an appointment every 3-6 months at a minimum to remain active in care.**

**Cancellations made within 24 hours of the appointment or no-shows for the appointment will be charged the full fee.**

**Patients on controlled medications (for ADHD, anxiety, etc.) must be seen for an appointment every 90 days. The state of Alabama also requires an in-office visit annually for all patients on controlled medications. Multiple missed appointments will be considered grounds for dismissal from care.** \_\_\_\_\_

### **Emails/Texts/Calls:**

If you are having a problem with your medication, the fastest way to reach me is by email. I generally return emails within 24-48 hours during the business week. Brief text messages work well for scheduling changes, but email is best for other issues. It's important to understand that not all issues can be handled by email or phone. **There are times that for safety reasons and to facilitate medical decision making we will need to schedule an appointment. If calls or emails are increasing in duration and frequency, it is likely we need to schedule a time to meet in the office for a more thorough assessment.** \_\_\_\_\_

### **Emergency and After-Hours Coverage:**

If you have a mental health emergency or safety concern, call 911 or go to your nearest emergency room. Due to the small size of my practice, I'm unable to provide 24 hour and weekend coverage. If you feel that you require care that includes overnight and weekend coverage, I am happy to refer you to a larger practice. \_\_\_\_\_

**Prescription Refill Requests:**

Prescriptions refills are sent in during business hours only. Prescription refill requests placed after hours or on weekends will be addressed the following business day. **Prescription refill requests from pharmacies are not accepted. If you require a refill prior to your next appointment, please contact me directly. This is faster and more efficient than waiting on the pharmacy to contact me.** Allow 2-3 full business days prescription requests to be processed. \_\_\_\_\_

**Hospitalization:**

I am not an active hospital staff member and do not have admitting privileges. If there is a crisis regarding your safety, you will be directed to the closest hospital emergency room for evaluation and possible admission. I will be available to discuss your history if the hospital psychiatrist desires to coordinate a treatment plan. \_\_\_\_\_

**Fee schedule:**

**Initial intake appointment:      \$375 (50-60 min)**

**Follow up appointments:      \$160 (20-30 min), or \$320 (50-60 min)**

**Letters or forms: \$50-100 depending on time spent**

The patient or guardian is responsible for the fees for services provided by Dr. Smith. Failure to comply with mutually agreed upon treatment expectations (clinical or financial) will result in termination of care.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date