



Foundation Psychiatry
— & WELLNESS —

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PRACTICE POLICIES

Welcome to my practice. Please note the following policies and procedures and sign at the bottom indicating that you have read and accept the policies of the office. **Please keep a copy of these practice policies for your record so that you may refer to them as necessary.**

CONSENT TO TREATMENT

I hereby authorize **Kyle Morrow, MD** to provide medical treatment and/or psychotherapy as explained to me on behalf of myself or my minor child as parent/guardian. I understand that while this treatment may be beneficial, as with any treatment, there are inherent risks. During treatment, I will discuss personal issues which may bring up uncomfortable emotions such as anger, guilt, and sadness. The benefits of treatment can far outweigh this discomfort and can lead to benefits such as improved personal relationships and reduced feelings of emotional distress. I acknowledge, however, that no warranty or guarantee can be made as to the results of treatment. Treatment options medication and/or psychotherapy will be discussed in visits, including the possible risks, complications, options, and expectations have been explained to me or my representative and consent for treatment is thus given as noted by signature. I have the right to ask questions about treatment options during or after appointments. I am voluntarily agreeing to receiving mental health assessment, treatment and services for me, and I understand that I may stop such treatment or services at any time.

HOW TO CONTACT THE CLINIC

Patients may contact Dr. Morrow by phone regarding general questions by calling (254) 284-6563. If there are clinical questions (questions related to treatment or care), please reach out via the IntakeQ patient portal for communication (preferred) or call. While the clinic does have voicemail capabilities, we do not have an after-hours on-call service. You will receive a response within 48 *business* hours. Please note that messages are checked less frequently after hours and on the weekend, so there may be a delay if you send a message late on Friday afternoon or in the evening. If you are experiencing an emergency or feel the issue cannot wait for a response, then you should proceed to the nearest hospital emergency department, call 9-1-1, or call the National Crisis Hotline at 9-8-8.

FINANCIAL POLICY AND PRICING

INSURANCE

In-Network Insurance Patients

- Dr. Morrow is currently in network with Aetna, Carelon Behavioral, Quest Behavioral and Cigna. He is

out of network for all others, including Medicare and Medicaid.

- It is ultimately the responsibility of the patient to ensure insurance preauthorization (if needed).
- Patient is responsible for any insurance copayment or deductible that may be due at the time of the scheduled appointment. Where allowable, the patient is responsible for any additional fees not covered by insurance.
- If unsure of how the insurance plan works, patient should call the member services number on the back of the insurance card and speak to a representative.

Out-of-Network Insurance Patients

- Patients whose insurance is out-of-network are considered self-pay and will be responsible for the full cost of the visit based on the pricing below. This is due at the time of the visit.
- Following your appointment, we will be glad to provide proper forms for you to submit to your insurance company for potential reimbursement.

FEES/PAYMENT

Initial Evaluation – (\$450 self-pay rate without insurance)

The initial evaluation is 45-55 minutes and includes an evaluation, initial diagnosis, and medication management if indicated.

Follow-up Appointment – (\$200 Self-pay rate without insurance)

After the initial evaluation, subsequent appointments involving medication management and therapy (when appropriate). These appointments are typically 25 minutes.

Extended Follow-up Appointment – (\$400 Self-pay rate without insurance)

After the initial evaluation, subsequent appointments involving medication management and therapy (when appropriate). These appointments are typically 50-55 minutes.

NO SHOW/LATE CANCELLATION

Appointments must be cancelled or rescheduled **at least two (2) business days** in advance.

- Cancellations received **after the 2-business-day window** are considered **late cancellations**.
- Same-day cancellations also fall under this category.

Late cancellations will incur a **reservation charge** equal to the **FULL COST** of the scheduled appointment.

These fees are **not reimbursable by insurance** and are the **patient's personal financial responsibility**. Fees apply to all patients, regardless of insurance type (in-network or out-of-network). Fees can be waived for extenuating circumstances, and will be reviewed on a case-by-case basis.

- For example, a no show (failure to show to a scheduled appointment) or late cancellation (failure to cancel an appointment within 2 business days) of an initial evaluation appointment is assessed a fee of \$225.
- A no-show or late cancellation of an intermediate follow-up appointment will be assessed a fee of \$200.

LATE ARRIVAL

To maintain the schedule and ensure all patients receive proper care:

- If you anticipate being **about 10 minutes late**, please notify us as soon as possible.
- When feasible, we may **convert the appointment to a virtual visit** to avoid a rushed or shortened session.

- Arriving **more than 10 minutes late** may result in:
 - The appointment being marked as a **no-show**, and
 - A reservation fee being charged.

Repeated no-shows/cancellations/late arrivals:

Repeated no-shows or cancellations may result in cancellation of care. You will be sent a warning letter after 2 instances, and you will be dismissed from the practice after one further incidence.


SPECIAL FEES

Special fees may be incurred for extended phone calls, documented preparation, legal cases, medical record handling. See [website](#) for a complete list of these rates.

- Requests for paperwork or other services outside of scheduled appointments must be submitted **at least three (3) business days in advance**.
- This ensures sufficient time for processing, prevents rushed work, and allows the doctor to accommodate the request within their schedule.

PAYMENT METHOD

You are required to have an active credit card + phone number on file in order to make an appointment with Dr. Morrow. Your information is kept in a safe and secure location and will be used for collect payment in case of a no-show/late cancellation.

 CREDIT CARD INFORMATION

Name on Card

Credit Card Number

Expiration Date Security Code Postal Code

MEDICATION REFILL POLICY

Consistent follow-up and communication is important for maintaining safe and effective mental health treatment. **If you have not been seen in more than 90 days and do not currently have an appointment scheduled, it is possible that your medication may not be filled if you request a refill. Additionally, all refill requests need to be made by you directly this office via the patient portal. Refill requests that are faxed from your pharmacy will not be refilled.** If more than 90 days has passed since your last visit and you do not have an appointment scheduled, you will receive a letter inquiring as to whether or not you are still interested in continuing treatment with Dr. Morrow, including a date which you must respond by in order to continue treatment here. Your signature below

indicates that you have received this notification and understand this policy.

Client Signature

Date