



1069 Central Street, Leominster MA 01453 T: 978.728.4957 F: 978.798.1366

TERMS AND TREATMENT AGREEMENT

APPOINTMENT POLICY

It is very important that you keep your scheduled appointments. While we understand that there are situations that arise that may keep you from making your appointment, we ask that you kindly call the office at least 24 hours in advance to reschedule your appointment. Missing more than one in four visits, or being more than 10 minutes late for more than one in four visits, is grounds for termination from the practice.

Any patient that arrives 10 minutes late for their appointment will only be seen if the physician's schedule allows.

If you do not call to cancel or reschedule within 24 hours of your appointment, you may be charged for the missed visit. The first missed appointment will result in a \$50 charge, the second a \$100 charge, and the third a \$150 charge and/or dismissal from the practice. This fee will be added to your account and is the patient's responsibility, as we cannot charge your insurance company for your missed appointments. ***Payment of this fee must be received prior to your next appointment.***

MEDICATION REFILLS

TAK Center for Mental Health requires that you use one pharmacy for your medication refills. This pharmacy should be listed on our HIPPA form.

Medication refills require a 48 hour notice. Refill requests will only be processed during normal business hours; Monday-Thursday 8:00am-6:30pm. ***Please do not wait until you are completely out of a medication to call for a refill.***

No medications will be refilled after hours or by the on call physician.

PAYMENTS AND FEES

We accept major credit cards and Health Savings Account cards for your convenience. If you are experiencing financial difficulties, you may qualify for certain special payment schedules. Co-payments are to be paid at the time of the appointment and are a patient's responsibility. Failure to pay your co-payment will result in a \$20 billing charge. Deductibles will be billed to you after we hear from your insurance company and are the patient's responsibility.

INSURANCE

We accept most insurance health policies and generally our services are covered in full or in part by your health insurance or employee benefit plan. Our staff is available to assist you in determining your available coverage. Medical Reimbursement Accounts: You may use a pre-tax health reimbursement account or flexible spending plans. If your insurance policy is not accepted, you may call your carrier directly to see if our providers may be covered or if there is an out-of-network benefit available or you can self-pay for your visits. If you are self-paying, payment is due at the time the service is rendered.

Patient Signature (or Guardian if patient is under the age of 18)

Date

Witness Signature

Date

