



Patient Information, Consent & Financial Policy

Welcome to Genesis Behavioral Health. We appreciate the opportunity to work with you. The following information is provided for your benefit so that we may serve you better. Please read carefully and sign at the bottom of page 2. Upon your request you will be given a copy for your records.

1. **PAYMENTS:** Fees for services: which include unpaid balances, deductibles; co-payments and fees are due at the time of your visit. We accept cash, debit, and all major credit cards.
 - a. **INSURANCE:** Your policy is a contract between you and your insurance company. As a courtesy we bill your insurance carrier, however, the patient is ultimately responsible for the payment of services received. If your insurance company does not pay the practice within a reasonable period, the patient will be expected to pay for the services rendered in accordance with our private pay rates. If we later receive a check from your insurer, we will refund your over-payments. If your insurance plan determines a service is not covered, you will be responsible for the full charge. Co-payments, deductibles, and co-insurance are required to be paid on the day of service. If Genesis Behavioral Health is not an in-network provider with your insurance carrier you will be subject to our private pay rates.
 - b. **ASSIGNMENT OF BENEFITS:** I hereby authorize my insurance benefits to be paid directly to Genesis Behavioral Health and understand that I am financially responsible for non-covered services. I also authorize Genesis Behavioral Health to release any information to my insurance company required to process claims.
 - c. **PATIENT RESPONSIBILITY:** At each visit patients are questioned about any changes in their insurance coverage. It is your responsibility to provide the correct insurance information; otherwise, you will be responsible for billed charges. If your insurance company sends a payment directly to you, it is your responsibility to make payment to Genesis Behavioral Health.
 - d. **FEES:** Our fees reflect the level of care that you receive and the training of our providers. Estimated amounts for services may be given, but the final amount may be different. I acknowledge that the amount I am quoted prior to my appointment is an estimate and may be subject to change. There are many variables determining the amount a patient or their insurance is billed for services. Genesis Behavioral Health verifies a patient's benefits before each appointment to provide an accurate estimate of what the patient will owe for the services. This amount may differ from the final amount due after the appointment if the length or the complexity of the appointment is determined to be different from the estimation made prior to the appointment. Adjustments to the length and complexity of appointments are at the discretion of the rendering provider.

2. **APPOINTMENTS:** Patients must arrive at least 15 minutes prior to scheduled appointment times. This will facilitate our ability to see you as scheduled. Patients arriving past the appointment time will be seen at their provider's discretion. If their provider is unable to facilitate a proper appointment in the remaining time allotted for that patient, the appointment will be considered a no-show appointment. No show appointments require a payment of \$100 to be rescheduled. **NEW PATIENTS:** A reservation fee of \$125 is required to schedule your first appointment. For those with in-network insurance, this fee may be refunded to you at your first appointment (depending on your insurance plan/coverage); you will then be charged for your visit in accordance with your insurance plan/coverage. For private/self-pay patients (including those with out-of-network insurance), the registration fee is applied to your New Patient appointment and the remaining balance is due at the time of your visit. New Patient Paperwork is to be completed and sent to our office two days prior to the appointment. If paperwork is not received appointment will be rescheduled/canceled with forfeiture of \$125 reservation fee.

3. **CANCELLATIONS/MISSED APPOINTMENTS: EXISTING PATIENTS,** are required to provide notice of cancellation or reschedule of a scheduled appointment at least one business day prior to the scheduled appointment time. If a patient fails to provide notice of cancellation or reschedule 24 hours prior to their appointment, they will be charged a \$50 late cancellation/rescheduling fee before they can schedule another appointment. All cancellations and rescheduling of appointments must be made verbally with a staff member, not by leaving a message with the after-hours answering service or via email. No show appointments occur when a patient arrives with less than 3 quarters of their appointment time left, calls to cancel, or reschedule after their appointment time has already passed, or does not show up to the appointment at all. The charge for no show appointments is \$100. ALL cancellation fees must be paid before a patient is able to schedule any further appointments and are not subject to insurance coverage.
NEW PATIENTS, are required to cancel their first appointment no less than three business days before their scheduled appointment and must be done verbally with a Genesis Behavioral Health staff member, not via email or by leaving a message with the after-hours answering service. Late cancellation of your appointment will result in your \$125 reservation fee not being refunded and an additional \$125 reservation fee will have to be paid to schedule a new patient appointment.

4. **CHANGE OF INFORMATION:** It is the patient or patient guardian's responsibility to provide us with any change regarding address, phone number or insurance information as soon as possible. A lack of updated information that may lead to a missed appointment will be the patient's responsibility of a \$100 no show fee.

5. **MEDICATION REFILLS:** Please contact your pharmacy first. They will contact our office for authorization of the refill. To receive authorization of your refill, you must be seen regularly, as determined by your prescribing provider for proper monitoring of your condition and the medications prescribed. Patients who are prescribed controlled substances are required to be seen in an appointment once every three months and must be seen in the office once a year to continue to be prescribed the controlled substance. Controlled substances will not be filled after hours or weekends. Controlled substance may take up to three business days to fill.

6. **URINE PRESCRIPTION MONITORING:** Urine prescription monitoring will be conducted on all new medical patients and periodically on patients taking controlled substances. Patients with drug screens positive for illicit substances will not be prescribed medications that are potentially habit forming. If a patient's urine analysis concludes an unexpected positive result for an illicit drug their provider reserves the right to submit the urine for further lab testing. The patient will be responsible for any lab fees associated with further testing of an unexpected positive urine analysis.

7. **AFTER HOURS CARE:** In a life-threatening emergency, please call 911. For urgent non-emergency matters please call our office number (210) 404-9696 and leave a message with the answering service. If needed the provider on call will return your call as soon as possible.

8. **MEDICAL RECORDS, LETTERS FROM PROVIDERS & COMPLETION FORMS:** Requests for copies of your medical records, letters, or completion forms needing to be completed by our office, must be made in writing on a form provided by our office, we also require that all forms needing to be completed by our office to be submitted along with the written request. Our office has up to 15 business days, upon receiving a properly completed written request, to provide records or a statement detailing the reason for the denial of a properly completed written request. Fees: As per the rules adopted by the Texas State Board of Medical "Examiners: \$25.00 for the first 20 pages, \$.50 cents for each page thereafter. No charge Doctor to Doctor/Hospital. Charges will be assessed for Letters and completion of forms. If an affidavit is requested, certifying that the information is a true and correct copy of the records, whether in paper, electronic or hybrid format, a reasonable fee of up to \$15 may be charged for executing the affidavit." (Texas Administrative Code: Title 22; Part 9; Chapter 165; Section 165.2)

9. **CODE OF CONDUCT:** Patients are expected to be respectful and courteous to staff and providers at all times. Disrespect towards staff or provider may result in termination of the physician-patient relationship.

10. **TERMINATION OF DOCTOR/PATIENT RELATIONSHIP:** The provider reserves the right to terminate the doctor/patient relationship at their discretion. Reasons for termination may include but are not limited to: failure to comply with treatment plan, failure to comply with any/all signed agreements, untimely unpaid balances, history of missed appointments, tampering or refusal of drug screen, verbal abuse of staff and lack of a good fit. The patient (or the patient's legal representative) has the right to terminate treatment at his/her discretion. Upon either party's decision to terminate the relationship, the provider will continue care for at least 30 days and recommend more appropriate resources. A termination letter will be mailed to the patients address listed in the patient chart.

11. **LEGAL AND COURT-RELATED MATTERS:** Dr. Williams and the providers of Genesis Behavioral Health do not participate in court-related matters, such as divorce or child support cases. However, if court-related work is required the practices' cost related to that work is the sole responsibility of the patient and/or their responsible party. These matters include but are not limited to: preparation, communication with involved parties, depositions, testimony, standby efforts, attorney fees, and other costs incurred as a direct result of the matter.

12. **EDUCATION:** Genesis Behavioral Health is a teaching site for the University of Texas Health Science Center at SA (UTHSCSA), The University of the Incarnate Word (UIW), and Texas A&M. You may be asked to allow students to join your session. Genesis Behavioral Health is a teaching site for therapy students from surrounding universities and offers treatment from these students under the supervision of our site supervisor. The choice to have a student participate in your treatment, or not, is entirely your own and will be respected by Genesis Behavioral Health. We appreciate your contribution to their education.

13. **PROMOTIONAL ACTIVITIES FOR PHARMACEUTICAL COMPANIES:** Dr. Williams has contracts with several pharmaceutical companies to educate other physicians about their products. These are promotional programs he is trained and paid to give.

14. **COLLECTION AGENCY:** In the event of a delinquent account balance, I will be responsible for all collection fees assessed by the collection agency onto the account.

15. **CONSENT TO TREATMENT:** I consent to evaluation and treatment of myself, my minor child or ward.

By signing below, I acknowledge that I have read and understand this documents contents.

Patient/Authorized Representatives Signature

Date