

**South Carolina Psychiatric Group**  
**OFFICE POLICIES**

**KEEPING YOUR APPOINTMENTS**

Please call 24 hours in advance to change or cancel your appointment. We do not reschedule initial evaluation appointments that are not cancelled 24 hours in advanced or missed (no-show) unless a \$185 fee is paid prior to rescheduling. For established patients, a \$40 fee for the first missed appointment or last-minute cancellation and \$70 for second. You will be financially responsible for this fee as insurance plans do not cover these charges. We must have your correct phone number for us to give you a reminder courtesy call.

Please note: Repeated missed appointments and last-minute cancellations can result in discharge from this practice.

**PAYMENTS/BILLING**

ALL FEES, BALANCES, CO-PAYMENTS AND DEDUCTABLE AMOUNTS ARE DUE ON THE DAY OF YOUR VISIT. We accept payment through debit cards, credit cards or cash. We do NOT accept checks. We will file covered charges to your primary insurance only. We do not file secondary insurance. Please note: We do not file MEDICARE.

**DELINQUENT ACCOUNTS**

If you have a past balance you may be denied a future appointment until balance is paid off. Fees not covered by insurance are your responsibility.

**MEDICATION REFILLS AND PRE-AUTHORISATION**

Medication refills will be evaluated on a case by case basis and may be subject to a \$25 fee. These will not be called in on days the office is closed, holidays or weekends. It is your responsibility to make sure you do not run out of medications prior to your next appointment. We do not call in medications for missed or cancelled appointments. Prior authorization for medications may be subject to a \$25 fee.

**COPY OF RECORDS**

Patients are directly responsible for payment for copy of records. The initial fee is \$10 and may increase if chart is archived (over 1 year in storage) or more than 15 pages.

**LETTERS AND DISABILITY PAPERWORK**

This office does not fill out Permanent Disability Forms. Short Term Disability Forms can be completed only if Dr. Sanchez or Dr. Jacobs takes you out of work. The fee is \$25.00 for completing these forms. Additional requests for information or more complex requests are subject to additional charges. Letters are also subject to a charge of \$15.

**TESTIMONIES OR OTHER LEGAL EVENTS**

Unless otherwise specified, expert witness or testimony in a court of law or conversation with attorneys, their staff or any other legally related individual, in person, by phone or by any other means, is subject to an initial fee of \$400 per hour charge. Time will be prorated by the minute. You are directly responsible for payment to this office. Time billed includes set up, travel time, waiting and any other activities which are directly involved with this event.