

TRACEY JONES, M.D., P.C.
OFC.: 215-923-2690
FAX: 215-923-8940
EMAIL: FRONTDESK@PSYCHPHILLY.COM

OFFICE PROCEDURES AND POLICY STATEMENT

OFFICE HOURS

Office hours are 9:00 a.m. to 6:00 p.m. Mondays, Tuesdays, and Thursdays. Office hours are 9:00 a.m. to 5:00 p.m. on Fridays. The office is closed on Wednesdays. We believe strongly in the value of your time and will strive to adhere to the scheduled appointment times. Your appointment will have to be rescheduled if you arrive 15 or more minutes late for the appointment. We request 72 hours' notice if you find it necessary to cancel your appointment. There is a \$75.00 charge for appointments missed, canceled, or broken without 72 hours advance notice. As insurance does not pay for these appointments, the patient/guarantor is responsible. Late charges will be applied to missed appointment fees not paid within 30 days of the billing date. Three missed appointments within any six-month period will result in being discharged from care.

CONFIDENTIALITY AND PRIVACY

Patient confidentiality will be respected at all levels of communication and is protected by Federal and State laws. There are, however, situations in which confidentiality may be compromised and the provider's professional and legal duty to protect may override the dictates of confidentiality. Briefly, the situations may include a strong indication of imminent danger to self or others or indication of abuse or neglect of another. Patients under the age of 18 require a parent or legal guardian's signature to receive services. Please discuss your concerns about the limits of confidentiality with your provider and read the privacy statement provided.

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RELEASE OF INFORMATION

Following the execution of a valid Release of Information, patient records or a treatment summary will be forwarded to a licensed professional. Requests to obtain a personal copy of your medical chart and request to release records to any other entity (including attorneys) will be reviewed on an individual basis. This service is billed at the actual cost of supplying the records, and includes the cost of copying, mailing, and professional time. Any request for release of records must allow at least two weeks' preparation time.

TELEPHONE CALLS/MISCELLANEOUS PAPERWORK/LETTERS

An answering service responds to office calls on a 24-hour basis. If you have an emergency and find it necessary to contact Dr. Jones after office hours, the answering service will forward urgent messages to Dr. Jones. Non-urgent messages will be relayed to Dr. Jones during office hours. The minimum fee for paperwork completion is \$15.00. Payment is due at the time of the request for completion of paperwork (e.g., forms or letters). The paperwork completion fee will be increased depending on the complexity level of the paperwork.

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PRESCRIPTIONS AND REFILLS

Prescription refill requests can be made on any day of the week by calling the office at 215-923-2690. Refill requests must be received by 4:00 PM on Wednesday for processing on the following Thursday. Prescription requests will be processed only on Thursdays between 9:00 a.m. and 12:00 p.m. and only if you are currently under Dr. Jones' care. If you are prescribed medication you'll be given enough medication to cover you until your next scheduled appointment. If your appointment is rescheduled because of unforeseen circumstances, contact the office to arrange for medication refills to prevent running out of your prescription(s).

If a prescription need arises that must be addressed before or after a Thursday morning, please contact your primary care physician. Please check your prescription supply prior to your appointment so that prescription needs can be addressed at the time of your appointment. If picking up a prescription, please call the office to verify the availability of the prescription. Certain medications legally require a written prescription.

FEES, PAYMENTS, and INSURANCE

Your copayment is due at the time of service. For your convenience, we accept cash (currency no larger than a \$20.00 bill), credit/debit cards, money orders, and personal checks. If your copayment is not made on the day services are rendered, you may be assessed a \$15.00 late charge. If your check or a check made on your behalf is returned for insufficient funds, you will be assessed a \$30.00 processing charge (in addition to the original amount due). If your check is returned from your financial institution, we will no longer be able to accept them. With your consent the office will file claims for payment with your primary and secondary in-network insurance. Insurance claims are not filed with out-of-network insurance. We typically do not obtain authorization for out-of-network insurance, complete treatment reports, or any other forms requested by out-of-network insurance unless we are asked by the patient/guardian/responsible party for assistance. If a situation arises in which assistance is required, there will be a \$10.00 charge incurred for each request made by you or your insurance company. It is your responsibility to pay deductible amounts, coinsurance, or any other balance not paid by your insurance company. There are certain services that are not covered by your insurance. Examples are, but not limited to, telephone consults/sessions, missed appointments, summaries of treatment, and visits by family members without the patient present. Payment plan requests will be considered on an individual basis. Payment plans will be placed in writing and must be signed by the patient and/or responsible party. You are ultimately responsible for payment of your bill.

Effective Date: January 1, 2010
Revised: October 2017