

Outpatient Services Agreement

| Initials | (OFFICE POLICIES) |
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| | <p><u>Appointments:</u> It is the patient/guardian responsibility to schedule the next appointment. If you need to cancel or change an appointment, please inform us at least 24 hours in advance. Otherwise, you will be automatically charged \$150 for a missed appointment. Payment will be satisfied with the credit card you have on file and is required prior to making another appointment with Dr. Fermo. It is recommended that you reschedule immediately after your last appointment or at least 2-3 weeks prior to your next appointment.</p> |
| | <p><u>Emergencies:</u> If you feel you are in need of urgent medical care, please call 911; go to the nearest hospital emergency room; or call Palmetto Behavioral Health at (843) 747-5830. Emergent situations may occur such as an adverse reaction to treatment; if a serious or life-threatening event occurs such as suicidal/homicidal thoughts; or in an event in which a patient is at risk, due to inability to care for themselves in a way that poses that individual at risk for harm to self or others.</p> |
| | <p><u>Message / Telephone Policy:</u> To contact our office please call or text us at (843) 856-6998 between the office hours of 8am – 3pm Monday – Friday; We do not except calls over the weekends; please see the Emergencies Sections for instructions on what to do for after-hours care. The office receives and delivers a large volume of calls / messages daily so please refrain from leaving multiple messages. The office has a <u>3-business day policy</u> on answering messages as to allow the physician time to thoroughly review each patient message. Office staff are available to speak with you about questions and/or concerns which will then be presented to your provider for review.</p> |
| | <p><u>Payment Policy-Fee Schedule:</u> Full upfront payment for services is required prior to appointment with physician and is collected 24 hours/ 1 business day before your scheduled appointment. This means copays, deductibles, old balances and cash payments are to be paid prior to appointment. <u>There are no exceptions!</u> We reserve the right to use additional billing or collection agencies for delinquent accounts.</p> |
| | <p><u>Disability Evaluations:</u> We do not do disability evaluations. We reserved the right not to complete any disability forms. We may place you on short-term disability, but all recommendations must be followed and patient will need to be seen more frequently to justify disability. In the case of Long-term disability, we may not meet the document requirements necessary for this indication and there will be a charge for a detailed evaluation report or medical records.</p> |
| | <p><u>Letters and Forms:</u> Any forms or reports that must be completed by your provider are subject to a charge. Patients will need to schedule a consult with the Office Manager to discuss the letter or forms needed. We cannot guarantee that a form will be completed during your office visit. All forms are logged by the Office Manager and are completed in the order in which they are received by the physician. The office is frequently backlogged on these types of documentations. Please be considerate and understand that it may take at least 3-4 weeks for letters and forms to be completed. Payment is required before completion of your forms.</p> <ul style="list-style-type: none"> • Standard Cost for Letters - \$100 • Standard Forms up to 3 pages - \$200+ • Standard Forms totaling 4-9 pages - \$300+ • Forms totaling more than 9 pages are considered an evaluation and cost will be discussed during the consultation with the Office Manager. • Expedited Fee for forms requiring completion within 3 days of initial request - Additional Fee of \$100 |
| | <p><u>Termination of the Doctor – Patient Relationship:</u> A repeated pattern of failure to keep scheduled visits is an indication that the relationship between Fermo Psychiatric Solutions, Inc. and the patient/guardian is not conducive to delivery of quality care to that patient, and that the patient needs to find another psychiatrist. <u>After three missed appointments, patient is in jeopardy of being terminated. A notice of this decision will be sent via US Mail along with 30-60 day supply of medications and referral options will be sent to the patient.</u></p> |

Patient/Guardian Signature: _____

Date: _____