

Policy Statement/Patient Information

1. **Introduction:** Thank you for allowing **Wight Care Clinic** to provide you with care. We assure you that we will respect the confidential nature of treatment, and will enter into a physician/patient relationship, focusing on goals and wellness.
2. **Scheduling:** The frequency and length of visits will vary. Initial appointments are scheduled to be approximately thirty minutes in length, with follow-up visits scheduled approximately fifteen minutes in length, and occasionally approximately forty minutes, varying case by case, according to complexity. Frequency varies from approximately 1-2 weeks up to 3-4 months depending on prognosis, effectiveness of treatment, and complexity. Time in sessions vary according to complexity of the situation.
3. **Compliance:** Your full compliance with treatment including adherence to recommended treatment protocols, requests for labs/medical work ups and appropriate follow-up visit suggestions is necessary in order to maximize effectiveness of treatment. Lack of compliance with treatment recommendations might result in our inability to continue ongoing treatment with you.
4. **Emergencies:** If you ever experience an emergency whereby you have suicidal and/or homicidal thoughts, call 911 immediately and notify Wight Care Clinic and Dr. Wight of the crisis situation. If you are experiencing medical symptoms suggestive of physical compromise, notify your primary care physician and call 911. Dr. Wight is accessible all the time.
5. **Confidentiality:** Your record and the information contained in it are subject to HIPPA regulations protecting your confidentiality. If you wish us to communicate clinical information to a third-party, a release of information should be completed. Confidentiality, however, may be limited in the following situations, not all inclusive: 1) When dangerousness is exhibited, or implied as communicated to Wight Care clinic, 2) If abuse of other(s) is suspected, 3) If the court orders release of records, 4) If insurance coverage (company) mandates release of records, 5) If dictated legally, 6) If a consequence of unforeseen disasters, 7) If mandated by law a release of information might be requested for general communication of privileged information.
6. **Office Hours:** These vary throughout the year, but the office will be open Monday through Wednesday 8:00-5:00, Thursday 8:00-6:00 and Closed Fridays-Sundays, as well as all major holidays. Check with office personnel for any changes in hours. Occasional Fridays will be opened, per needs.
7. **Prescription Refills:** **Prescriptions will not be called in over the weekend. Refill requests should ideally be honored by the end of the next business day.** Pharmacies can offer an emergency supply at times, so please inquire with your pharmacies. Please check to see if you have any refills left, with the pharmacist, prior to calling the office. If a refill is needed please have your pharmacist fax a refill request to our office at (815) 395-1775. Never stop your medications without direction to do so.
8. **Fees:** Initial visits are \$410.00, with consultation and generated reports approx. \$390.00. Follow-up visits are typically \$210.00. Extended sessions and more complex issues will be charged at a higher rate. At times, the level of follow up care may change during the course of your treatment, depending on the treatment goals. Medication management and/or therapy, compose follow-up visits. Special reports may occasionally be prepared at your request. Charges for such preparations/reports are \$250.00 per 30 minutes of documentation preparation. If depositions are required, the fee is \$900.00 per hour of deposition time, with an additional \$900.00 per hour of prep. time. Each hour of deposition involves at least 3 hours of preparation + travel time if court appearance is necessary.
9. **Misc. Fees:** There will be a \$30.00 fee for medical records transfer. Applications for patient assistance medication forms are \$10.00. There will be a \$30.00 charge for insufficient funds (returned checks). Rates for Disability paperwork \$215.00. FMLA paperwork \$130.00 fee. All Hardship Account fees not paid the same day will be charged the original amount of \$410.00.
10. **Financial Obligations:** **Copays, co-insurance, deductibles, and payments for visits where insurance coverage does not exist are due at the time of service.** The billing company will file an insurance claim, generated as a result of your visit. You are responsible for all charges not paid by the insurance company. You must be aware of all visit authorizations by your insurance company. Payments must be made within 60 days of service, and you are responsible for payments not paid by your insurance company. Missed appointments will be charged per the fee schedule. If collection is required, all fees associated with the collection process, including court-related fees and legal fees will be the responsibility of the patient. Unpaid balances can be subject to the collection process after 60 days post visit. Balances may be paid at Wight Care Clinic, or through the billing company noted on your billing statement. Unpaid balances after 60 days can be subjected to an interest rate of 5% per month until fully paid.
11. **Cancellation/Missed Visits:** A full charge can be assessed for appointments missed or cancelled without 24 hour notice. This charge is the responsibility of the patient, as the insurance company will not accept charges for these missed visits. Please make sure you cancel your appointment 24 hours prior to your appointment time. This fee is \$100.00, but can vary depending on the number of occurrences.
12. We appreciate the privilege of providing service to you. Hopefully, you will find Wight Care Clinic to be deeply committed to helping you achieve a high level of wellness.

Please sign and date the Policy Statement, and keep a copy for your records. Thank you.

Signature _____ **Date** _____