

Rebecca Farinas, MD

*Diplomate American Board
Psychiatry & Neurology*

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2024 Office Policies

To facilitate your care, we have developed certain policies and procedures that we feel are important in establishing a working partnership. Please read this document carefully and initial each item to acknowledge your understanding. Your signature is required for treatment to commence. Thank you.

APPOINTMENTS

_____ You are expected to arrive for your appointment on time. It is even advisable to be a few minutes early to update any necessary information, address billing issues, and complete this prior to being seen.

_____ Please provide 24-hour's notice to **CANCEL** appointments, to avoid a late-cancellation fee for appointments scheduled Tuesday-Friday.

_____ **Note:** Due to excessive weekend cancellations, leaving slots we are unable to fill, a late cancellation fee will be charged for any **Tuesday** cancellation not done so **BEFORE 3pm on prior Thursday PRIOR to the weekend**.

_____ Occasionally, Dr. Farinas can accommodate telehealth appointments. **However, patients must request this at least 24-hours in advance of the appointment time.** *To ensure best practices, Dr. Farinas does not allow patients to schedule two telehealth appointments in a row.* Patients are expected to call the office phone number at the appointment time. Staff will check patients in, and Dr. Farinas will connect via the HIPAA secure telehealth platform.

_____ Cancellations are accepted by office staff, via telephone or voicemail, **to office phone number, only. Requests for cancellation sent via other means will be considered a No-Show, and a No-Show fee will be charged.**

_____ If you are 20 minutes late for your 40-minute appointment, you will be asked to reschedule, and a No-Show fee will be charged.

BILLING AND INSURANCE

_____ If paying with an HSA card, another form of payment must be provided to buffer HSA account deficits.

_____ Insurance plans differ. It is the patient's responsibility to understand the insurance benefits and what insurance covers. The patient is responsible for any charges incurred because your insurance plan did not cover a service or test. All medications, labs and/or other tests are ordered for medical necessity. While Dr. Farinas and staff will make every effort to obtain insurance authorization and/or coverage, payment for services rendered will ultimately be the responsibility of the patient or guardian.

_____ If you change insurance provider or policy, please notify the office **PRIOR** to your next appointment. Your benefits and eligibility must be verified **PRIOR** to services being rendered. If you do not inform us of changes, you will be responsible for any charges not covered by your insurance company.

_____ All payments and/or co-payments are payable at the time services are rendered. If your insurance denies your claim, you will be responsible for the outstanding balance.

PRESCRIPTION AND MEDICATION POLICIES

_____ Dr. Farinas does NOT prescribe medical marijuana.

_____ Refill requests will only be honored in person, by telephone to the office or via fax request to the office. **E-mail and text requests for prescription refills will not be acknowledged.**

- _____ In general, Dr. Farinas does **NOT** prescribe Benzodiazepines (i.e., Xanax, Valium, Ativan, Klonopin, etc.) for treatment of anxiety and/or depression.
- _____ Dr. Farinas does **NOT** prescribe Narcotic pain medications (i.e., Lortab, Norco, Oxycontin, Roxicodone, Morphine, Vicodin, etc.)
- _____ If you send someone else to pick up your prescription, that person must show valid proof of identification to pick up your prescription.
- _____ Refills: please allow **THREE business days** for refills to be processed. **There are no guarantees urgent demands for refills will be met inside of this three-day window.**
- _____ ALL fees must be paid, and payment plans current, prior to **ANY** prescription(s) being refilled, or provided.
- _____ Patients who misuse or overuse prescribed medications will be discharged from the practice.
- _____ If you are receiving medications from one of the Patient Assistance Programs, it is your responsibility to call the office one month prior to running out of medications and ask us to order refills.
- _____ Lost prescriptions for Controlled Substances **will not be replaced without a police report.**

FEES FOR SERVICES RENDERED BY DR. FARINAS

- _____ New Patient Evaluation \$500
- _____ 60-minute session \$400
- _____ 40-minute session \$275
- _____ **No shows and late cancellations for these appointments are charged at the above rates.**
- _____ **All fees, including those for missed appointments or late cancellations, must be paid, prior to attending your appointment, scheduling a new appointment, or obtaining medication refills.**
- _____ Office Hours Phone Consultation \$65 ten-minute interval (any portion thereof)
- _____ After Hours Phone Consultation \$65 five-minute interval (any portion thereof)
- _____ To replace a lost prescription, *each* will be charged a \$50 fee.
- _____ Refills requiring same day completion, *each* will be charged a \$50 fee.
- _____ Refills requiring next day completion, *each* will be charged a \$25 fee.

FEES FOR SERVICES RENDERED BY CYNTHIA TEAGUE

- _____ New Client Evaluation \$300
- _____ 60-minute session \$175
- _____ 90-minute session \$275
- _____ Office Hours Phone Consultation \$30 per ten-minute interval (any portion thereof)
- _____ After Hours Phone Consultation \$30 per five-minute interval (any portion thereof)

MESSAGES/EMERGENCIES/AFTER HOUR CALLS

_____ If you have concerns after hours, call the office, you can leave a message that will be checked the next day, or connect to the answering service. In general, if there is an emergency, you will be told to call 911. Dr. Farinas does not take her phone to bed. Late-night messages from the answering service are not received until the next day.

_____ In case of emergency, call 911 or go to the nearest Emergency Room. The office is **NOT** equipped to handle psychiatric or other medical emergencies. **DO NOT** come to the office if you feel the situation is dire.

_____ Dr. Farinas is not associated with, nor has hospital admitting privileges. She does try to collaborate with staff at the hospital, where her patients are admitted for psychiatric treatment. If a psychiatric hospitalization occurs, please notify the office. Even if the hospital staff said we were informed, please call us yourself to ensure care coordination.

_____ **NON-URGENT MESSAGES** should **NOT** be left with the answering service. If you miss the prompt on the voicemail recording to leave a message and the answering service picks up, explain the issue and you will be connected back to the office voicemail to record your message.

_____ Please **call** the office about all clinical concerns.

_____ Voicemail is checked every two hours on workdays, when the office is open; you will have **PLENTY** of advance notice of any office closures. Calls are returned to patients according to clinical acuity. If there are any questions or concerns, voicemails are archived and can be retrieved for review at any time. When you leave a message, please specify whether or not you require a return phone call.

_____ When you leave an **URGENT** message with the answering service **after hours** and indicate you require Dr. Farinas to call you back, **you will be charged a \$65 fee for each 5-minute interval Dr. Farinas spends on the phone.**

_____ If Dr. Farinas returns an after-hours call to you, from her personal cell phone, **DO NOT** use that number for medication refill requests or clinical concerns. We ask that you always contact the office with questions related to your treatment and not call Dr. Farinas' personal cell phone. Please **DO NOT** leave e-mails, text messages or voicemails on Dr. Farinas' cell phone concerning appointments, clinical concerns, cancellations, and/or prescriptions.

CONTINUITY OF CARE & FOLLOW-UP TREATMENT POLICY

_____ To ensure adequate medical oversight and practice in accordance with the accepted standard of care, I agree to be seen for all follow-up appointments, in Dr. Farinas' office at least every three months.

_____ If my condition changes, and I need to be seen sooner, I will call for an earlier appointment.

_____ I will obtain all ordered labs and tests within two weeks of receiving the order forms.

_____ Noncompliance with recommended laboratory monitoring, to ensure your health while taking medication(s), will result in discharge from the practice.

POLICY CONCERNING CHILDREN

_____ **DO NOT** leave your children unattended in the waiting room. Office staff cannot watch them.

_____ If you bring a child to the appointment, but wish to speak to the doctor in private, bring someone with you to watch your child/children in the waiting room.

_____ Parent or Guardian **MUST** be present at the time of any minor's appointment. Dr. Farinas will not be able to make changes to medication regimens without parental consent.

MISCELLANEOUS

_____ Please make sure your contact information is current and correct. It is your responsibility to notify us of changes.

_____ If someone calls the office to inquire about you and this person is not listed on your Release of Information form, **NO** information will be released, regardless of your relationship to this person. We will neither confirm nor deny you are a patient in this practice.

_____ **Please** treat office staff with courtesy and respect.

_____ I understand, if the above policies are not adhered to, Dr. Farinas will not be able to provide my care and I may be discharged from the practice.

_____ Dr. Farinas does not answer the office phone. Please direct all your questions and concerns to the office personnel. If your clinical needs exceed the skill of office staff, you can schedule a phone consultation with Dr. Farinas. The phone consultation will be charged at the self-pay rate as insurance does not reimburse for phone calls.

I hereby attest that I have read and understood the information provided to me regarding Policies and Procedures and I agree to abide by these terms and conditions.

Signature

Date

Printed Name

Forms and Letters Rates

- SINGLE Form requiring ONLY Doctor's Signature: \$25 EACH
- SINGLE Form requiring ANY ADDITIONAL INFORMATION plus Doctor's Signature: rates *start* at \$50 and increase with the amount of time required to complete.
- Multiple pages (ex. FMLA forms, disability forms, updates of prior forms, etc.): rates *start* at \$75 and increase with the amount of time required to complete.
- Letters: \$400/hour, required to compose.

Please note: Dr. Farinas generally signs, completes forms, and writes letters during the evenings and weekends. These tasks often require research and tremendous effort. If the above rates seem unacceptable, remembering the benefit you receive from the signature, form(s), or letter(s) may render the necessary cost more bearable.

PLEASE ALLOW 7-10 BUSINESS DAYS FOR COMPLETION OF ANY SIGNATURES, FORM(S), OR LETTER(S). FEES WILL BE DOUBLED IF THESE SERVICES ARE REQUIRED SOONER.

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**I hereby attest that I have read and understood the information provided me regarding Forms and Letters rates. I agree to abide by these terms and conditions.**

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**Signature**

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**Date**

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**Printed Name**