

## ***Rebecca Farinas, MD, LLC***

*Diplomat American Board  
Psychiatry & Neurology*

---

7545 Centurion Parkway #302, Jacksonville, FL 32256, phone (904) 997-7776, facsimile (904) 997-7057

### **\*2020 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-hours 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 now be charged for any Monday cancellation not done so **BEFORE 3pm on Thursday PRIOR to the weekend.**
- \_\_\_\_\_ If you have a Tuesday appointment, after a 3-day weekend, that resulted from an observed U.S. Federal Holiday, cancellations must be made **BEFORE 3pm the 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. After telehealth appointments are scheduled, 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 agreed upon platform.
- \_\_\_\_\_ Cancellations will be accepted by office staff, via telephone or voicemail, to office phone number, only. Requests for cancellation sent via email, text message, cell-phone voicemail, etc. 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.
- \_\_\_\_\_ If your account balance is not paid in full and/or payment arrangements are not up-to-date 1 week (7 calendar days) prior to you next scheduled appointment, that appointment will automatically be cancelled by our office.

### **BILLING AND INSURANCE**

- \_\_\_\_\_ Insurance plans differ. It is the patient's responsibility, to understand her/his 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.
- \_\_\_\_\_ Insurance companies pay per amount of face-to-face time Dr. Farinas spends with a patient. If you are late for your session, we are not able to bill your insurance for the full amount of time set aside for your visit. To recoup the revenue lost, you will be charged a late fee.
- \_\_\_\_\_ Self-pay patients will be billed per amount of session time scheduled. In case of late arrival and/or request for a reschedule, you still will be billed for the full amount of time originally scheduled.

- \_\_\_\_\_ If you change insurance provider or policy, please notify our 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. Patient billing is not our standard practice. Patients and families should expect to make payments on the day of service, prior to the appointment. If your insurance denies your claim, you will be responsible for the outstanding balance.
- \_\_\_\_\_ 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 our office staff, you can schedule a phone consultation with Dr. Farinas. A \$65 fee, per 10-minute telephone consultation, will be charged and payment will be required at the time of scheduling the phone consultation.

### **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 our office. E-mail and text requests for prescription refills, will not be acknowledged.
- \_\_\_\_\_ **PLEASE ASK YOUR PHARMACY TO TAKE YOUR PRESCRIPTIONS OFF OF THE AUTO-REFILL**  
Auto-refills will be denied. Dr. Farinas will provide you with enough refills to last in between the office visits.
- \_\_\_\_\_ In general, Dr. Farinas does **NOT** prescribe Benzodiazepines (i.e. Xanax, Valium, Ativan, Klonopin, etc.) for treatment of anxiety and/or depression.
- \_\_\_\_\_ In general, 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, this person must be listed on a Release of Information form you signed. This person also must show valid proof of identification to pick up your prescription.
- \_\_\_\_\_ Refills: please allow **THREE** business days for refills to be processed.
- \_\_\_\_\_ **There is no guarantee urgent demands for refills will be met inside of this three-day window.**
- \_\_\_\_\_ **ALL** fees must be paid, or payment plans must have been set up through our office, prior to **ANY** prescription(s) being called in, 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 Stimulant, Suboxone, and tranquilizer prescriptions **will not be replaced without a police report.**

### **FEEES FOR SERVICES RENDERED BY DR. FARINAS**

- \_\_\_\_\_ New patient: 80-minute evaluation \$400
- \_\_\_\_\_ 60-minute session \$300
- \_\_\_\_\_ 40-minute session \$220
- \_\_\_\_\_ New patient appointment no-show \$400
- \_\_\_\_\_ 60-minute appointment no-show \$300
- \_\_\_\_\_ 40-minute appointment no-show \$220

\_\_\_\_\_ Late Cancellation Fees are the same as No-Shows

\_\_\_\_\_ Fees for missed appointments or late cancellations must be paid prior to your next appointment.

\_\_\_\_\_ Office Hours Phone Consultation \$65 ten-minute interval (any portion thereof)

\_\_\_\_\_ After Hours Phone Consultation \$65 five-minute interval (any portion thereof)

\_\_\_\_\_ Late arrival \$100

\_\_\_\_\_ 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.

\_\_\_\_\_ All fees must be paid, or payment arrangements with our office must be made, prior to attending your appointment, scheduling a new appointment, or obtaining medication refills.

### **FEES FOR SERVICES RENDERED BY CYNTHIA TEAGUE**

\_\_\_\_\_ New client: 90-minute evaluation \$225

\_\_\_\_\_ 60-minute session \$125

\_\_\_\_\_ Extended sessions \$50 per each additional 20-minute increment

\_\_\_\_\_ New patient appointment no-show \$225

\_\_\_\_\_ 60-minute appointment no-show \$125

\_\_\_\_\_ Late Cancellation Fees are the same as No-Shows

\_\_\_\_\_ Fees for missed appointments or late cancellations must be paid prior to your next appointment.

\_\_\_\_\_ Late arrival \$75

\_\_\_\_\_ Office Hours Phone Consultation \$25 per ten-minute interval (any portion thereof)

\_\_\_\_\_ After Hours Phone Consultation \$25 per five-minute interval (any portion thereof)

\_\_\_\_\_ All fees must be paid, or payment arrangements with our office must be made, prior to attending your appointment or scheduling a new appointment.

### **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. I do not take my phone to bed. So, late-night calls from the answering service will not be received until the next day.

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

\_\_\_\_\_ Dr. Farinas is not associated with and does not have admitting privileges to any hospital. She does, however, try to collaborate with the staff at the hospital, where her patients are admitted for psychiatric treatment. Keep in mind: She must be notified of admission to participate in any type of care coordination. Therefore, if a psychiatric hospitalization occurs, please notify our office. Even if you've been told by the hospital staff we were informed, please take the time and call us yourself. Your notification may help us better coordinate your care.

\_\_\_\_\_ **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.

\_\_\_\_\_ **DO NOT** e-mail the office about clinical concerns, appointments, or medications. (*All such e-mails that were previously acknowledged will be no longer.*)

\_\_\_\_\_ 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, and you obtain that number, **DO NOT** use that number for medication refill requests or clinical concerns. We ask that you always contact our office with questions related to your treatment and not to call Dr. Farinas' personal cell phone number. Please **DO NOT** leave e-mails, text messages or voicemails on Dr. Farinas' *cell phone* concerning appointments, clinical concerns, cancellations, and/or prescriptions. (*Calls, e-mails and texts previously accepted will no longer be acknowledged.*)

### **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 our practice.

### **POLICY CONCERNING CHILDREN**

\_\_\_\_\_ **DO NOT** leave your children unattended in the waiting room. Our 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 any 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 our 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.

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: \$300/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 because of 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.**

~~~~~

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.

---

Signature

---

Date

---

Printed Name