



## Marcann Office Procedure and Financial Policy

1. I \_\_\_ understand that I will be charged with a LATE CANCELLATION fee of \$50 if I fail to give **less than a 24-hour notice** of cancelling a scheduled appointment.
2. I \_\_\_ understand that I will be charged a NO-SHOW fee of \$50 if I fail to show for my scheduled appointment.
3. No-Show appointments have a significant impact on our practice and the healthcare we provide. When you schedule an office appointment, we expect you to arrive at least 15 minutes prior to your scheduled appointment.
4. Please understand that when a patient “No-Shows” an appointment, it disrupts the time of the attending Provider and Staff, unfair/frustrating to other patients who could use the designated time slot, as well as jeopardize the health of the “No-Show” Patient
5. We understand unforeseen circumstances happen, if this does happen, The Marcann Group is still requiring notification as soon as possible to cancel/reschedule your appointment. This is a preferred method rather than a “No-Call/No-Show” from the patient.
6. I understand that there will be a processing fee of \$50 for EACH FMLA document that is required to be completed by a Marcann Group Provider. Each FMLA document will require a signature from me to release records, along with the processing fee to be paid in full, prior to submitting forms to the required sources.
7. I understand that I am responsible for knowing my co-payment amount and deductible amount as per my selected insurance(s) plan.
8. I understand that I will be charged a \$10 service fee for any printed Psychiatric office visit note(s) up to 100 pages adding an additional \$0.10 each page afterwards.
9. Release of Psychotherapy records will be determined on a case-by-case basis. Your Counselor has the right to deny the release of your protected health information as it pertains to your mental health.
10. HIPAA Privacy Rule and Sharing Information Related to Mental Health Available upon request.
11. I understand these charges are an out-of-pocket expense and that my insurance carrier will not cover these charges.
12. I understand that (if scheduled), counseling sessions are 50-minute sessions. I understand that if I am late to the scheduled counseling session, I will still have to end the session at the allotted time.
13. The primary goal of our practice is "first, do no harm". Controlled substances are rarely prescribed at this clinic, and ONLY at the provider’s discretion. Furthermore, stimulants are not prescribed without records of formal psychological testing. The providers have neither a legal nor ethical obligation to recommend any treatment, including medication, they do not feel is clinically indicated.  
\*By signing this, I agree to the above stated terms and stipulations regarding the services I received from the office and providers of The Marcann Group.

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**Signature of Patient or Patient Representative**

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**Date**

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**Printed Name of Patient or Patient Representative**

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**Relationship to Patient**