



Holistic Child Psychiatry, LLC  
Phyllis J. Heffner, M.D.  
10801 Hickory Ridge Rd.  
Suite 215  
Columbia, MD 21046  
(410) 260-0344

### *Practice Policies and Procedures*

#### **Practice Hours:**

**Thursday, Friday 9:00 am - 6:00 pm; Saturday 8:00 am - 12:00 pm**

Other appointments, electronic communication and telephone consults are by prior arrangement only.

#### **Payment:**

Payment in full is due on the date of service. We accept cash, check, Mastercard, Visa, American Express, and Discover.

#### **Credit Card Policy:**

If you would like to pay by credit card, you will need to sign our credit card use form. We will ask permission prior to charging your credit card. We have a credit card security policy in place in the office.

#### **Fees**

With your permission, we would be able to charge your credit card for in-person, certain phone and internet consults, correspondence (for example, if you request certain forms to be filled out that take time above and beyond the usual form, requests for special Medical Letters, Narrative Reports, or certain copies of your medical record), or sending you supplements or other recommended items.

A fee may be charged if you make certain requests that are outside the usual treatment session or beyond the treatment program. A list of fees for these services is available. The charge is usually between \$10 and \$25. If there is an additional charge, you should be told at the time of your request. You can always call the office for this information prior to making a request.

#### **Appointments:**

Because of the nature of our practice we require a \$100 fee to schedule a new patient appointment. You may use check, VISA, MC, Amex or Discover. The fee will be applied to the charges applicable to your first visit. If you do not cancel your appointment as per our cancellation policy, the initial visit fee will not be returned or a cancellation fee will be charged.

Initial consultations are usually scheduled for 120 minutes. Follow-up consults can range from 20 to 60 minutes depending on the complexity of your case including lab review, etc. Please ask your Practitioner to tell you how much time you will need for your next appointment.

Appointments can be made either by calling the office and the Answering Service can assist you OR there is on-line scheduling available at the website [www.holisticchildpsychiatry.com](http://www.holisticchildpsychiatry.com).

**Paying by check** – Checks will be accepted for payment at the time of the appointment; however, a \$25 administrative fee will be charged if it is returned for Insufficient Funds, and any payment due must be paid in full prior to another appointment is made.

**Consultations:**

- The Doctor provides in-person, phone and electronic consultations
- The fees are the same for in office, phone or online consultations.
  - ⊖ Your doctor will call, or contact you at the time of your scheduled consultation. Please do not call the office, unless you are cancelling your appointment or calling from outside the USA.
- All appointments are scheduled as US, Eastern Standard time zone.
- We require patients outside of the USA to call the office at the time of their scheduled phone consultation (unless other arrangements are made). If this is not possible, the phone consultation phone bill charge will be billed to the client.

**Cancellation Policy:**

We would appreciate at least 48-hour notice for new patients canceling an appointment and a 24-hour notice for established individuals. Otherwise, your initial visit fee of \$100 will not be refunded. There will be a \$50 missed appointment fee for established clients.

**Messages**

As there are times the doctor is unable to answer telephone calls. the Practice uses an Answering Service during business hours Monday through Saturday. Please be sure to tell the Answering Service why you are calling and a phone number to call you back. The doctor will return your call if necessary, usually in the evening or on weekends. If you send an email, please note that emails will be answered within 2 working days. Please read our Email Policy.

**Prescriptions:**

- We request that you do not make telephone requests for prescription refills. Please fax prescription requests to (410) 260-0344 (fax). It is best to have your pharmacy fax a refill request directly to our office. The doctor will review your request and your medical file and respond to the pharmacy or contact you if there is a problem.
- If it has been more than 4 months since your last in-person consultation with your Doctor, a follow-up in-person appointment will be necessary. Prescriptions can be written only for patients who have been seen in-person at least once and are regular, on-going patients with the practice.
- Requests for a new prescription or a change in medication for patients that have not been recently treated will require a follow-up appointment.

**Emergency:**

- Should you have a medical emergency, please dial 911 or go to the nearest emergency facility for care.

**Consultative Practice:**

We request that you maintain a primary care physician (i.e., family physician, pediatrician, Internist) for your regular medical needs. The goal of this practice is not a primary care medical practice; the goal is, to the best of our ability, to help you or your child overcome your chronic health issues, and prevent future chronic health problems.

**Acceptance of Policies and Procedures**

By completing the following you have read, understand and agree to the policies and procedures detailed above.

Patient (please print): \_\_\_\_\_ Date: \_\_\_\_\_

Signature (patient or responsible party): \_\_\_\_\_

If signed by party other than patient, print name:

\_\_\_\_\_ Relationship \_\_\_\_\_