



Welcome to Northern Psychiatric Associates

Thank you for choosing Northern Psychiatric Associates for your mental health needs. We are committed to providing you with the best possible care. Since payment of your bill is part of your treatment, we want to be sure that our financial policies are clearly understood before we begin treatment. We hope these guidelines will help you when addressing your questions and needs with our office.

APPOINTMENTS

If you are unable to come to an appointment, please call at least 24-hours in advance to cancel or reschedule your appointment or you will be subject to a \$25 no-show fee. It is our policy that if you fail two appointments within 12 months without calling our office at least 24-hours in advance, we will need to refer you elsewhere for psychiatric care.

INSURANCE/BILLING INFORMATION

Payment of your account is your responsibility regardless of your insurance coverage. Your insurance is a contract between yourself and the insurance carrier; we are not a party to that contract.

Our office has provider contracts with Medicare, Medical Assistance (including Minnesota Health Care and BluePlus/South Country Health Alliance), Blue Cross Blue Shield, Medica, UBH (Preferred One and UCare), Health Partners and Humana. We will file all insurance claims as a courtesy for you, including those claims where there is no provider contract. Please notify us of any changes in your insurance to avoid being billed incorrectly and/or delays in processing your claim(s). All insurance co-payments are due at the time of service.

You will receive a monthly statement from our clinic for the remaining balance after your insurance pays the claim. Payment will be expected within 30 days of receipt, unless other payment arrangements have been made. If you are unable to meet your financial obligations, you will need to initiate an alternative arrangement by contacting our business office.

PRESCRIPTION REFILLS

It is important for you to anticipate your medicine needs so you can discuss them during your office visit.

If you do not have a scheduled appointment and need medication, please call your pharmacist for **all** prescription refill requests at least **three business days** in advance of your prescription refill need. Your pharmacist will call our office to obtain physician approval.

Certain medications can only be filled with the original, written prescription. You may call ahead to request a written prescription. You can either pick up the written prescription during regular office hours or NPA will mail it to you or your pharmacy.

I have read, understand, and agree to the above policy. I understand that charges not covered by my insurance company, as well as applicable co-payments and deductibles, are my responsibility. I understand that it is my responsibility to contact my insurance carrier(s) if they do not respond to payment requests made on my behalf. I understand that if I fail to attend my appointment, I am subject to a \$25 no-show fee. I understand that it is my responsibility to contact my pharmacy for all prescription refill requests.

Signed: _____

IF YOU ARE IN NEED OF EMERGENCY CARE, PLEASE CALL:

- The Crisis Line at (218) 828.HELP (4351)
- The Grace Unit at St Joseph's Medical Center at (218) 828.7437
- 911 or the nearest emergency room