If you have any questions before your appointment or if you need to cancel or reschedule our appointment, please contact the appropriate office:
Behavioral Health – Lark, 417-820-3707 or Psychology – Medical Gardens, 417-820-9590.

Thank you for choosing Mercy!

STATEMENT OF OFFICE OPERATING PROCEDURES

We are committed to providing the best possible care for our patients with high quality professional care and timely service. We also want be clear about our basic guidelines and clients' responsibilities.

General Fees filed to insurance:

$275 per evaluation visit
$165 per hour for testing, interpretation & reporting***
$249 per family therapy session
$91 per group therapy session
$162 or $248 per individual therapy session dependent upon time spent with therapist
Each therapy session lasts 45 – 55 minutes (as your insurance coverage permits)
If you have arrived 15 minutes or later for your scheduled appointment you may be asked to reschedule. Please notify the office if you are running late.

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- **All co-pays and balances for any Mercy Clinics are due at the time of the appointment.**
- Insurance plans are highly variable and you are responsible for checking and understanding your outpatient mental health benefits. Failure to do so may result in reduced or no coverage for the office visit by the insurance company and therefore due and payable at time of service. We expect full payment for all services delivered regardless of insurance coverage.
- As a courtesy, we will also verify your benefits, but will not take responsibility for the final amount the insurer does or does not pay. ****Some insurance companies require pre-certification or have different benefits for testing. It is your responsibility to know your benefits*
- You will receive regular statements only if your account has a balance. In the event that we cannot collect on an account, that account will be turned over to a collection agency and listed with the Credit Bureau. Additionally, a "usual and customary fee" will be charged for all returned checks.
- **After two missed appointments and/ or late cancellations, we reserve the right to discharge a patient from this practice**. A 24 hour advance notice for cancellation of an appointment is required so we will be able to schedule another patient for that time slot. Late cancellations are considered missed appointments. ***We reserve the right to cancel pending appointments should you miss an appointment without notice.***
- We will try to confirm your appointment by telephone at least 24 hours prior to your appointment. However, it is the patient's responsibility to keep track of their appointment date and time.
- **Telephone calls will be addressed through the answering service twenty-four hours a day when the office is closed.** The answering service can also advise us of cancellations should you need to cancel outside business hours.
- **Protected Health Information (PHI):** Mercy Clinic is a part of a multi-disciplinary healthcare system utilizing an electronic health record (EHR) that affords providers real time access to the patient's medical record in both inpatient and outpatient settings. Both medical and behavioral health information is included in the patient's medical record and protected within the EHR. With the exception of psychiatric care, which requires the information to be accessible to other health care providers for medical purposes, behavioral health information in the EHR is kept to a minimum and is accessible only to behavioral health providers. Some behavioral health providers maintain a paper record that is separate and private**.**
- All healthcare providers are deemed mandatory reporters of information regarding 1) physical, sexual or emotional abuse or neglect of a child, elder or vulnerable adult and 2) serious threats of harm if the provider has reasonable cause to believe that such threats represent imminent danger to the patient or others. Due to this legal obligation, information specific to the above mentioned situations may be disclosed to law enforcement agencies and other appropriate entities without the prior written consent of the patient. Additionally, protected health information may be subject to disclosure if ordered by a court of law.
- A patient satisfaction survey may be sent to your e-mail address on record after your visit with us. Please take a moment to fill this out. They are important to us and your opinion does count!

I have read, understand and agree to the guidelines set forth above.

_____ _____
(Patient/Legal Guardian Signature) (Date)