

INTEGRATED BEHAVIORAL SERVICES POLICES

1. **Reminder calls are courtesy calls. You are responsible for knowing your appointment time.**
We will not return calls to patients with Call Block.
2. If you have a life-threatening emergency after hours and need to contact your doctor immediately, call the answering service at **513-618-7401** to have your doctor paged.
3. There will be a charge for medical records, forms that need to be filled out, and any letters that need to be written by the doctor or clinician. The turn around time for medical records, forms, and letters is one week to ten days.
4. If you are having side effects from medication prescribed, please call our office. There is no charge for this type of call. If, however, you want to change the dosage of your medication you will need to make an appointment.
5. Prescription refills will only be during limited hours. No refill requests will be done on Saturdays, or holidays. All mail orders will only be done by fax or during a scheduled appointment; we do not mail, or call in mail orders.
6. ***There will be a charge IN THE EQUAL AMOUNT OF YOUR VISIT, if you cancel your appointment less than 24 hours in advance or if you do not show for your scheduled appointment time. If you are 5 or more minutes late for your scheduled appointment time, the doctor will not see you and you will be charged THE EQUAL AMOUNT OF YOUR VISIT.***
7. ***All fees are your responsibility and must be paid before scheduling your next appointment. If you miss two appointments, OR if you miss an appointment and have entered into a medication contract with our practice your professional relationship with our office will be terminated.***
8. **Payment is due at the time of service.** If you cannot pay at the time of your visit, you will need to reschedule. There is a \$25 returned check fee.
9. Any balance due prior to 11.1.12 must be paid prior to being seen or scheduled. Any questions about balances will be handled by the office staff.
10. It is your responsibility to notify I.B.S. immediately of any change in your address, telephone number, as well as any other important information. You must notify us if you have MEDICARE as Dr. Wu has opted out of Medicare as of 10.1.12 and no services will be covered, and you must sign the **Medicare OPT-OUT agreement.**
11. If you have not continued in therapy for a period of 12 months, unless specified, we will consider our relationship terminated.

I HAVE READ AND UNDERSTAND I.B.S. POLICIES

SIGNED: _____ DATE: _____