



**MASSACHUSETTS
PSYCHIATRIC SERVICES
128 MAIN STREET, #3
STURBRIDGE, MA 01566
TELEPHONE: (508) 418-6886**

CONTROLLED SUBSTANCE & FEE POLICIES

Massachusetts Psychiatric Services is a multidisciplinary practice offering psychopharmacology, individual, couple, family, and group therapy. Appointments are available Monday-Friday, hours vary with provider. The business office may be reached at 508-418-6888 option 0.

FEES SCHEUDULE FOR SERVICE (PRIOR TO INSURANCE SUBMISSION):

	M.D.	LMHC	SELF PAY
Diagnostic Evaluation	\$300	N/A	\$300.00
Follow-up w/ meds or w/o meds	\$115-\$225	N/A	\$60
Psychiatric Diagnostic Evaluation	N/A	\$200	\$125
Family Visit	N/A	\$150 or \$170	\$75 Individual \$85.00 Family

PAYMENT FOR SERVICES:

MPS will submit claims electronically whenever possible. Paper claims submissions will be used only when an insurance carrier cannot accept electronic submissions.

It is the patient’s responsibility to furnish MPS with the appropriate identifying information so that the exact nature of their mental health coverage, including any precertification requirements, can be determined. Benefits quoted to us either by an insurance carrier or by the patient is not a guarantee of coverage. If benefit information is incorrectly quoted, MPS reserves the right to bill a patient for those services we determine to be the responsibility of the patient.

IMPORTANT: Co-payments are due at the time of visit.

OTHER FEES: Patients will also be charged our standard prorated fee for time required for school visits, telephone consultations, letters, reports, and prescriptions telephoned to the pharmacy. Also, we may bill \$50.00 for missed appointments and for sessions cancelled with less than 24 hours’ notice. These charges cannot be billed to your insurance company.

CONTROLLED DRUG POLICY:

Please read the following carefully. By signing below, you are agreeing to follow the agreements. Exceptions **cannot** be made.

- I understand that my medication may not be taken more often than prescribed. If your medication is not working, you must contact the office.
- I will notify MassPS, if I receive pain medication, sleeping pills, tranquilizers, or other controlled medications from any other doctors (including emergency room doctors). I understand that I may be dismissed from the practice if I do not notify MassPS that I have received controlled medications from another source.
- I understand that if I have not been seen in 90 days, no medication can be refilled until I come to the office for an appointment
- I give my permission for MassPS to contact any pharmacy, physician, or hospital to specifically discuss my medications whenever they feel it is necessary. I understand that providers at MassPS may also check data on state prescription drug monitoring program or our Valant EMR medication history
- I am responsible for protecting these medications. MassPS cannot replace medications or prescriptions that are lost or stolen, including prescriptions lost in the mail. No exceptions will be made.
- It is the policy of MassPS to randomly request urine drug tests on those patients taking or starting a controlled medication. There may or may not be a cost to the patient for these tests. We will be unable to prescribe medications to any patient who refuses such a test.

COMPLAINTS AND GRIEVANCES: Patients should first discuss a complaint or grievance with his/her own therapist. If they are unable to resolve the issue to their satisfaction or if their concern is not responded to within one week, they may either telephone or send a written synopsis of their grievance to either the Director of MassPS, Meenakshi Vemuri, MD or the Practice Manager Maryann Mathieu. Patients may also complain to Massachusetts Psychiatric Services, LLC if they believe their privacy rights have been violated. A patient will not be retaliated against for filing a complaint. Massachusetts Psychiatric Services, LLC will document all complaints received and their disposition. All documentation will be kept for six years after a complaint’s inception and its resolution.

Please feel free to contact Maryann Mathieu at 508-418-6888 with questions regarding this policy, or if you have any other concerns or complaints. Thank you.

PATIENT NAME (PRINT) _____ SIGNATURE OF RESPONSIBLE PARTY _____ DATE _____