The Center for Family Psychiatry
Frequently Asked Questions

APPOINTMENTS

Q. What are your hours for appointments?
A. The office is open from Monday through Thursday 9-5. New patients to the practice are seen in those hours. Each individual provider has their own hours. Some of our counselors see patients in the evening hours as well as on Fridays. Please contact our office at 770-486-1011 to make appointments.

Q. When does your office have vacations?
A. Over the year our providers usually take vacation while Fayette County Schools do. Most of our providers take vacations during the winter (February) and spring (April) breaks. We are closed for Memorial Day. In the summer, the office is closed the week of July 4th. We are closed for Thanksgiving Day (Thursday and Friday) and are also closed from Christmas Eve to New Years Day. Most of our providers also take vacations other than these weeks.

Q. What should I bring for the first appointment?
A. The front staff would need to make copies of your insurance card and your license (if applicable). The co-pay is taken before you can meet with your provider. If your first appointment is with a Psychiatrist you would need to bring a list of medications you take, any allergies, any pertinent documentation that made you decide you needed to seek the care of a psychiatric provider. If your first appointment is with your therapist/counselor, you would bring in the pertinent documentation (such as test results or school records) that led you to seek the care of a therapist.

Q. Why can't I see a psychiatrist right away?
A. At this practice we strive to give our patients the best care. Our psychiatrist and our PA set out an hour for a new patient appointment. In their schedule they also have to block out time for returning patients. Ours is a full practice and therefore it is hard to find a block of an hour for a new patient while ensuring that there is a block of time for their return appointment in 4-6 weeks as well.

Q. How can I find another psychiatrist or psychotherapist?
A. The best place to find another psychiatrist or psychotherapist is by calling your insurance company and finding out which psychiatrists are in the area. Another way would be to ask your primary care physician or your counselor.

Q. What is a "No show"?
A. When you make an appointment, you are setting aside your provider's time to meet with you. When you cancel less than 24 hours in advance or just do not show up for the appointment it is called a "No Show".

Q. Why am I getting charged for a "No Show"?

A. You had asked for that time to be set aside for you; therefore you are considered responsible for these charges.

Q. Why am I asked to come half an hour before the first appointment?
A. If you have not downloaded and filled out the paperwork beforehand and plan to fill out the paperwork at the office, it takes at least that long to fill out the paperwork.

Q. What is the length of the appointments?
A. The length of appointments differs with the providers you see:

Psychiatric Appointments (Medication Management): The first appointment will last about an hour. Once the initial appointment is done you will come in for 15-20 minute appointments.

Counselor Appointments (Therapy): These appointments last from 45 minutes to an hour.

Q. Why is there a need for frequent appointments after changing medicines?
A. Medication changes usually bring with them changes in the body as well as the changes in moods. It is always good to come in to discuss these changes with your physician so that they can monitor you as well as hear you and look out for subtle changes that can result from adjustments.

INSURANCE (for terminology please see the glossary page)

Q. What should I ask when I call my insurance company?
A. There are several things you need to make sure of before you see your psychiatrist/ therapist: See that your provider is covered under your policy- please make sure to let them know that you want Outpatient Mental Health Benefits. Ask whether you need an authorization or referral. Ask whether you have a pre-existing condition that would prevent them from covering your expenses with our office. Make sure your benefits are coordinated.

Q. How do I find out if this provider takes my insurance?
A. The best way is to call your insurance company and give them your policy number (access to certain providers sometimes depends on your policy) and then they can check and tell you if the provider you want to see is covered.

Q. Why is my insurance not paying?
A. There are usually several reasons for this:

- You do not have mental health coverage in your policy.
- Your policy will not cover certain conditions (for e.g. certain BCBS policies will not cover ADHD diagnosis). You did not do a co-ordination of benefits with your insurance company, and it thinks that there is another company that should cover this visit.
- You did not get an authorization or referral from your primary care physician.
- Your insurance is denying the claim for a pre- existing condition.
- Your insurance may have termed or your policy may have changed.
- A minor may not be part of their parent's policy if he/she is now 18 or not taking enough college credits.

Q. What is an EAP?
A. EAP stands for Employee Assistance Program. Sometimes companies are willing to completely cover the first few visits (anywhere from 1-8) visits with your counselor or therapist. You have to contact your employers EAP program to get authorizations for this.

AUTHORIZATIONS

Q. Who is responsible for getting authorizations?
A. In some cases insurance companies will only give the first authorization to the client/ patient and we can only request them once the patient/ client comes in. Therefore the client/patient will be responsible for authorization for the first visit and we will take care of it after that.

Q. How do you get authorizations?
A. In most cases you have a separate mental health/ substance abuse number at the back of the insurance card- that is the best place to call. If you are lacking this number, you will have to call the customer service number of your insurance and be directed to the correct team.

REFERRALS

Q. Why do I need a referral?
A. Some policies require that you get a referral before you see a specialist. You will have to call your insurance company to see if you need a referral. If you have Tricare as your insurance company, your primary care provider will have to fill out a Letter of Referral form if you would like to see our counselors.

Q. How can you get them?
A. Referrals are provided by primary care physicians; you will have to contact them to get it.

PRESCRIPTIONS

Q. When should I let my doctor know when I need a refill?
A. We ask that you request your refill at least 24 hours in advance. Our offices are also closed during certain times of the year and you would want to have refills called ahead so that you would have continuity of medication even when the office is closed. Please look at the questions under the appointments heading to see what holidays the office takes so that you can ask for your prescriptions before those days.

Q. What is required when you have to have your Rx authorized?
A. Sometimes your insurance requires that your physician get your prescriptions authorized as well. They contact the pharmacy or fax us a form for the physician to fill out. Often the physician also has to speak to a care manger to convince them of the need for the medicine.

Q. Can I increase/decrease or stop my medication at will?
A. Please do not increase/decrease or stop your medications without consultation with your psychiatric provider or a supervising physician. These medications can have adverse (sometimes severe) effects on your body if taken or stopped incorrectly. Please do not try medication that is prescribed to anyone else; if you would like to be considered for a certain medication, consult your physician.

Q. Why do I need to come back to see my physician once I have got a prescription for medication for my problem?
A. Once you are taking a prescription medication, you have to come to see your physician so that he/she can gauge if there are any side effects to the medicine that you are taking as well as see if it is having the desired results.

Q. Why do I need to come back once I am stabilized on medication?
A. Even when doing well, a person on medication should be monitored regularly by the prescribing physician. Subtle changes in presentation may indicate to the doctor the need for further medication adjustment. Also standard medical practice guidelines dictate that a physician should evaluate patients at regular intervals. Finally, a good patient/doctor rapport, which is crucial to treatment success, is based on each getting to know the other through consistent office visits and not just during times of crisis.

CONTACTING YOUR PROVIDER

Q. WHAT TO DO I IN THE CASE OF A PSYCHIATRIC EMERGENCY?
A. (Only for patients under Center for Family Psychiatry Inc. Providers)

- GO DIRECTLY TO YOUR LOCAL EMERGENCY ROOM
- CALL 911
- CALL THE OFFICE AT 770-486-1011
    - PRESS THE OPTION NUMBER FOR EMERGENCIES
    - CALL THE PAGER NUMBER GIVEN
- CALL THE SUICIDE HOTLINE NUMBER AT 1800-SUICIDE
- IF YOU BEING FOLLOWED BY ANOTHER PROVIDER (PSYCHIATRIST OR THERAPIST)
- PLEASE CONTACT THEM AS WELL

Q. What are the different ways to contact your office?
A. You can reach us by phone (770-486-1011), Fax (770-486-1067), Pager (the pager is only to be used by current patients of the practice) or just coming in to our premises.

Q. Why don't we use email?
A. This answer is different for the different providers we have:

Psychiatric: On an average our psychiatric providers receive 8-10 calls a day. For a short phone call (about 5 minutes) they not only talk to the patient, but also have to notate it in the patient file as well. So for every phone call it takes at least 10 minutes out of the provider's time (therefore 50-80 minutes of their day goes to returning phone calls). In addition there are refill requests and authorizations (required for some medications and future appointments) as well as requests for letters, etc. All of these tasks are in addition to their scheduled appointments. Unfortunately, this limits the amount of time for any additional tasks. If the patient is doing well, a quick phone call to the front office or a faxed note can update your physician. The best way to update if you are not doing well is to make an appointment, so that you can talk about your symptoms and concentrate on suggestions or adjustments to medications, etc.

Counselor or Therapist:
Our therapist would love to get a happy update from you with a note or a message left with the front staff. However, the problems that arise are not readily solved over email and instead require adequate time for understanding and discussion. This can best be done within the time of an appointment.

BILLING

Q. Why did I get a bill?
A. We will send a bill when an account shows that the patient or client owes money. A bill can be sent for several reasons some of which are listed below:

- Your insurance has termed and we do not have information about your new insurance.
- Your new insurance has a pre-existing condition clause.
- You failed to coordinate benefits with your insurance and it has denied the claim.
- You did not get authorization and or referral for your first appointment.
- Your deductible was not met and your insurance has put the amount as your responsibility.
- You did not pay co-pay at your visit (this is also subject to additional penalty).
- Your co pay has increased and this amount is the remainder.
- Your insurance pays a certain percentage of the allowed amount.
- You have a co-pay along with co-insurance (percentage) of the allowed amount.
- You were a “No Show” for your appointment.
- You had a bounced check. (There is an additional penalty amount with this).

Q. How can I pay?
A. There are several ways you can pay the outstanding amount on your account:

- You can mail us your payment at 120 Handley Road, Suite 300, Tyrone, GA 30290.
- You can call on the phone and pay by credit card.
- You can come into the office and pay by check, cash or credit card.
- If the amount billed is more than you can pay at once, please contact the office staff so that we can put you on a payment plan.
- Bounced Check: If you had an NSF check, we are only able to take cash/money order or credit card from you. There is a much smaller time limit for collections, if you have a bounced check.

Q. My divorce decree states that my ex-spouse will cover the medical expenses why do I have to pay?
A. Our policy is that we hold the person bringing the child in responsible for all payments. You may take a receipt of the amount paid and get a reimbursement from the other parent.

Q. What can I do If I am not able to pay fully?
A. You can contact the office to map out a payment plan.

Q. What is a payment plan?
A. We all understand times of financial insecurity. If you are unable to meet your outstanding balance in one payment, we offer payment plans that are custom to the outstanding amount you owe and your financial constraints. There are two options: through monthly deductions from a credit card or through checks that come in every month. There is a penalty for late payments and the full amount will be due at once if there is a late payment. If you would like to propose a payment plan, please feel free to download it and send it to us: the final acceptance will depend on whether Center for Family Psychiatry agrees with your terms.

Q. Why am I getting billed if my payment is 30 days late?
A. A patient/ client is expected to pay within 30 days of the date of the statement. There is a $5.00 late fee fine, if we have to track and regenerate another statement to send to you.

Q. Why was my bill sent to collections?
A. Most clients/ patients are financially responsible and therefore we have very few clients/patients in collections. However, if a payment is outstanding 90 days after the first statement was generated it will be sent to collections.

If you would like to settle your account at that time you will have to contact the collection agency. The amount that you will owe once your account has been sent to the collection agency will have an additional charge of 35% of amount owed. This charge reflects the charge to send the account to collections.

RECORDS

Q. How do I get my records to my new psychiatrist / therapist or my lawyer?
A. We will gladly send your records to psychiatrist/therapist. For custody cases, the custodial parent's lawyers can be sent the full notes for a fee. A release will be required in all cases from the patient/ client or the custodial parent.

Q. Does the HIPAA act not allow me my notes?
A. Unfortunately, therapy notes are the exception in HIPAA. We can give you the dates of appointments, the diagnosis, the medications given etc.

The Center for Family Psychiatry
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