

Samantha Kennedy, DO

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MidMittenPediatricPsychiatry.com

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**Policies and Procedures**

**Evaluations and Treatment**

**Initial Evaluation**

Completing an initial evaluation may or may not lead to a recommendation for continued treatment. If continuing treatment at Mid-Mitten Pediatric Psychiatry is not recommended, Dr. Kennedy will discuss the reasons and options for treatment.

**Follow-­up Appointments**

After the initial evaluation, patients may be scheduled for one of two types of appointments, which involve 1. Medication management, which involves discussion of medication treatment plan including risks, benefits, adverse effects and alternatives, and typically last 25 minutes and 2. psychotherapy appointments, which involves a variety of psychotherapy techniques and typically occur over the span of 50 minutes.

**Late Cancellations & No Shows**

If for any reason an appointment needs to be changed or cancelled, 1 full business day notification by telephone or patient portal message must be provided. Failure to properly notify the clinic will result in a cancellation charge. Exceptions will be accepted for legitimate emergencies at the discretion of Dr. Kennedy.

In as much as Dr. Kennedy is a sole practitioner, reminder phone calls and emails are not guaranteed. However, the sole responsibility for appearing for appointments made is that of the patient. Late cancellations and failure to cancel may result in a charge to your account. Late arrivals in excess of 1 minutes after appointment time will be considered on a case-by-case basis. The Late Cancellation (less than 1 business notice of cancellation) fee is $50. The No Call No Show (no notification at least 30 minutes prior to appointment) fee is $75.

**Contacting Dr. Kennedy**

**Emergencies**

In case of any emergency including, but not limited to, any urgent psychiatric emergency that may need inpatient assistance or hospitalization, either call 911 or proceed directly to your local emergency room.

**During business hours**

Non­urgent messages can be sent by the patient portal or messages can be left at the office. Dr. Kennedy reserves up to 24 business hours for responding to requests.

**Outside of business hours**

Non­urgent messages can be sent by the patient portal or messages can be left at the office. Dr. Kennedy reserves 1 business day for responding to requests.

**Prescription Refills**

Standard prescription refill requests can be made through the patient portal or by leaving a message at the office. These refill requests will be completed within one business days of receipt.

**Referrals or Termination from Treatment**

If the decision is made to transfer or terminate treatment, Dr. Kennedy will provide short­-term treatment (30 days or less) while you arrange to transfer your care. Suggestions will be provided for other treatment options.

**Financial Policy**

**Insurance**

Mid-Mitten Pediatric Psychiatry does participate with some insurance providers. Please see the website for up to date information on accepted insurances. It is very important that you find out exactly what mental health services your insurance policy covers and that you obtain the appropriate authorizations. You are responsible for full payment of any charges not covered by your insurance. Your liability for payment for services that are denied by your insurance company specifically includes, but is not limited to your failure to obtain prior authorization, re­authorization and/or failure to track of treatment coverage limitations

If you do not have an accepted insurance, you can still be seen at Mid-Mitten Pediatric Psychiatry. At every appointment you will be given a form, known as a Superbill, to submit to your insurance company for reimbursement. Depending on your insurance plan, your insurer may cover some of the appointment and send you a reimbursement check. Even if they do not cover any of the fee, it is very important that you submit this form, as your insurer should count what you paid toward your deductible and yearly out of pocket maximum. If you have a flexible spending account, you can use those funds to pay for your visits. Mid-Mitten Pediatric Psychiatry also accepts all major credit cards, personal checks and cash. **Payment is expected at the time of service.**

**Grievance**

If you have any difficulty whatsoever with anything related to Mid-Mitten Pediatric Psychiatry please notify Dr. Kennedy as soon as possible. You also have the right to file a complaint with the U. S. Department of Health and Human Services at www.hhs.gov.

Thank you for the time taken to read the Mid-Mitten Pediatric Psychiatry policies and procedures. Your signature on the next page indicates that you have received and read the information in this document and agree to abide by its terms during our professional relationship.

Your signature below indicates that you have reviewed the agreement titled “Mid-Mitten Pediatric Psychiatry, PLLC Policies and Procedures” and you agree to its terms. The latest policy is available on the website. You may also request a printed copy of the policies and procedures.

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Patient Name (Print) Date of Birth

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Signature of Patient or Patient’s Parent, Guardian or Legal Representative Date