

# Lily Health and Wellness Center Telepsychiatry

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## Practice Policies and Procedures Handbook

This handbook outlines the policies, procedures, and expectations of **Lily Health and Wellness Center Telepsychiatry**. Please review this document carefully, as it forms part of the agreement between you and the practice.

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### Appointments, Cancellations, No-Shows, and Tardiness

- Appointments must be cancelled or rescheduled **at least 24 hours in advance**.
  - Appointments cancelled with less than 24 hours' notice, or missed appointments (no-shows), will be charged the **full visit fee**.
  - Patients are granted a **10-minute grace period**. Arriving after this grace period will be considered late and may result in loss of appointment time or a full visit charge.
  - Appointment lengths range from **15 to 60 minutes**, depending on clinical need. Requests to change appointment duration must be discussed and scheduled in advance.
  - Patients are responsible for selecting and managing appointment reminders through the patient portal.
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### New Patient Requirements

- All intake forms, consents, questionnaires, and insurance information must be completed **at least 48 hours prior** to the scheduled appointment.
  - Failure to complete required documentation may result in appointment cancellation.
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### Billing, Fees, and Financial Responsibility

- All outstanding balances must be paid **at the time of service**.
- Patients are responsible for deductibles, co-payments, and services not covered by insurance.
- Returned or declined payments are subject to a **\$30.00 processing fee**.
- Credit card payments for self-pay visits incur an additional **\$10.00 transaction fee**.

## Credit Card Authorization

By providing credit card information, patients authorize Lily Health and Wellness Center Telepsychiatry to charge all balances for which they are financially responsible, including no-show fees. Outstanding balances may be subject to a **1.5% monthly interest charge**.

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## Insurance Responsibility

Patients are responsible for verifying telepsychiatry coverage and network eligibility with their insurance carrier. If insurance denies coverage after services are rendered, the patient is responsible for full payment.

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## Self-Pay Pricing (Subject to Change)

- **\$423** – Initial Psychiatric Diagnostic Evaluation
  - **\$210** – Routine Follow-Up / Medication Management
  - **\$100/month** – Monthly Follow-Up Membership (1 visit/month)
  - **\$145** – Follow-Up Visits for Controlled Medications
  - **\$250** – Medical Cannabis Evaluation
  - **\$250** – Suboxone Induction
  - **\$150** – Suboxone Monthly Maintenance
  - **\$125 / 20 minutes** – Telephone Consultations
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## Paperwork and Administrative Requests

- Disability, FMLA, SSI, or community resource paperwork: **\$50-\$100 per occurrence**.
  - School or work letters: **\$25-\$100 per request**.
  - Paperwork requires **6-9 months of consistent treatment** and appointment compliance.
  - Permanent disability paperwork is **not completed**; records or diagnostic letters may be provided.
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## Medication Management and Refills

- Medication adjustments require a scheduled appointment.
  - Refill requests outside scheduled visits incur a **\$50.00 fee**.
  - Patients requiring monthly refills must attend monthly visits.
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## Telephone Access and Emergencies

- In emergencies, patients should call **911** or go to the nearest emergency room.
- Telephone consultations are available outside scheduled visits at published rates.

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## Social Media and Professional Boundaries

To protect confidentiality and professional boundaries, providers do not accept friend or contact requests from patients on social media platforms.

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## Electronic Communication and Telemedicine

- Secure portal messaging is used for administrative communication.
  - Electronic communication should not be used for emergencies or therapeutic content.
  - Telemedicine services are governed by applicable state and federal telehealth laws.
  - Patients may withdraw consent for telemedicine at any time.
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## Termination of Services

Treatment may be terminated for non-compliance, lack of clinical benefit, need for higher level of care, safety concerns, or non-payment. When clinically appropriate, referrals to alternative providers will be offered.

Failure to schedule an appointment within **90 days** may be considered voluntary discontinuation of care.

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## Acknowledgment

By signing below, I acknowledge that I have read, understand, and agree to the policies outlined in this Practice Policies and Procedures Handbook.

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_