Psychiatry Delaware

1415 Foulk Rd, Suite 104

Wilmington, DE 19803

**Patient Policies**

***(Please read and sign)***

Emergencies/After Hours

* If you are experiencing a true medical emergency, have taken an overdose, or have harmed yourself in any way, DIAL 9-1-1 IMMEDIATELY.
* For less urgent issues, please call the doctor on call, 302-235-3725
* Delaware’s Crisis Intervention provides 24 hour help for people with severe mental health problems. They can be reached at 302-577-2484 or 800-652-2929.
* If you require an emergency appointment, provisions will be made for an emergency appointment to be conducted the next day, if possible.

Payment Policies

* Payment for services, including insurance co-payments, is due at the time of service.
* If you do not have insurance you will be charged the full rate of services.
* Checks returned for insufficient funds will result in an additional fee to the client of $20.00.
* Unless arrangements are made for a payment plan, all accounts that are outstanding for **greater than 90 days** will be sent to our collection agency.

Appointment Cancellations

* If the appointment is cancelled with at least 48 hours’ notice, the client will not be penalized.
* A first-time cancellation within 48 hours of the scheduled appointment will not be penalized.
* A second cancellation within 48 hours of the scheduled appointment will result in a fee of $50.00. *Your insurance company will not reimburse you for missed appointment/late notice fees.*
* A third cancellation within 48 hours of the scheduled appointment will result in a fee of $100.00. *Your insurance company will not reimburse you for missed appointment/late notice fees.*
* A fourth or greater cancellation within 48 hours of the scheduled appointments will result in a fee equal to the full rate of service. *Your insurance company will not reimburse you for missed appointment/late notice fees.*
* EXCEPTIONS will be dealt with on a case-by-case basis and are at the discretion of the practice.

I agree with the patient policies described above:

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Name Date