PRACTICE POLICY

Desa & Associates, LLC

Psychiatric Holistic Health

319 Littleton Road, Suite 202, Westford, MA 01886

Phone : (978) 692-0096 **Email:** info@healingholistichealth.com

At Psychiatric Holistic Health / Desa & Associates, LLC, we prioritize transparency and clear communication regarding our policies. By ensuring a mutual understanding, we aim to make your experience as smooth as possible. Please take a moment to review our Practice Policy.

1. Patient Responsibility: Patients are responsible for all payments, including but not limited to copays, deductibles, and any additional fees incurred during the visit.

2. Copays and Deductibles: Copays are due at the time of service. Deductibles must be met according to your insurance policy.

3. No-Show Fee: A fee of $100 will be charged for no-shows or cancellations made less than 24 hours in advance. Please give us notice if you cannot attend your appointment.

4. Payment Methods: We accept payments via credit and debit cards. Cash and checks are not accepted.

5. Credit Card on File: A valid credit card must be kept on file to cover any outstanding balances, no-show fees, or future appointments.

6. Telehealth Appointments: All patients are required to attend appointments via Telehealth. In-person appointments will be provided only if necessary. Patients must be located in Massachusetts during the Telehealth session, as required by law.

7. Insurance Claims: We will bill your insurance; however, you are responsible for checking your eligibility and any applicable deductibles, coinsurance, or copays, which will be charged after the session.

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8. Medication and Treatment Policy:
- Medications are only filled during your appointment.
- Controlled substances require an in-office visit at least once a year.
- No medications will be refilled without an appointment.

- Controlled substances require at least one visit per year.
- Please be aware of the new DEA policy for controlled substances in Massachusetts, which mandates stricter regulations and ongoing monitoring.

9. Discharge Policy: We reserve the right to discharge any patient for the following reasons:
- Repeated no-shows for appointments.
- Non-adherence to the treatment plan.
- Maintaining a financial balance not met for more than 30 days.

10. Treatment Compliance: We reserve the right to discharge any patient who is not following our Medication and Treatment Policy.

11. If you have a medical or mental health emergency please do not wait for a call back. Call 911 or to go to your nearest emergency room.

12. Changes to Policy: We reserve the right to modify this Practice Policy at any time. Patients will be notified of any changes in writing.

By signing below, I accept Telehealth sessions and understand that I must be located in Massachusetts during the appointment, as required by law. I acknowledge that I have read, understand, and agree to the terms outlined in this Practice Policy.

Client Signature (Client's Parent/Guardian if under 18)

Signature: _____ Date: _____