



### **OFFICE POLICIES & PROCEDURES FOR OUR PATIENTS**

Thank you for choosing Denver Wellness Associates. We realize that you have a choice in providers and are pleased that you have chosen to seek care with us. The staff at Denver Wellness Associates strives to exceed expectations in care and service in order to make your experience with us as comfortable and stress-free as possible. Our goal is to provide quality care in a timely manner. In order to do so we have an appointment/cancellation policy. The policy enables us to better utilize available appointments for our patients in need of care.

### **OFFICE HOURS**

Our office is available **Monday-Thursday 8:00am to 5:00pm, and Friday 8:00am to 12:00pm.** If you need an appointment, change an existing appointment, or prescription refill, please call during regular business hours. Our number is (720)724-3668. Messages left after business hours will be returned the next business day. \_\_\_\_\_ **(initials)**

### **APPOINTMENTS**

Denver Wellness Associates is committed to providing quality care to our patients. To ensure timely continued care, we encourage patients to schedule appointments in advance of follow-up / RX refill due dates. When calling for an appointment, please provide your name, telephone number, reason for visit, as well as any updated contact or insurance information. If you are late to your appointment, it will still end at the scheduled end time. \_\_\_\_\_ **(initials)**

### **CANCELLATION OF AN APPOINTMENT**

In order to be respectful of the needs of our patients please be courteous and call Denver Wellness Associates promptly if you are unable to attend an appointment. This time will be reallocated to someone who is in need of treatment. If it is necessary to cancel your scheduled appointment we require that you call one (1) working day in advance. Appointments are in high demand, and your early cancellation will give another person the ability to have access to timely care. \_\_\_\_\_ **(initials)**

### **NO SHOW POLICY**

A “no show” is someone who misses an appointment without canceling it within one (1) business day in advance. No-shows inconvenience those individuals who need access to care in a timely manner.

***A failure to present at the time of a scheduled appointment will be recorded in your medical chart as a “no show”. An administrative fee of \$125.00 will be billed to your account.*** You will be notified to the fact that you failed to show for a scheduled appointment and did not cancel the appointment within one (1) business day in advance and you will be billed for the administrative fee. Three (3) “no-shows” within one (1) calendar year can result in a termination of services. ***\*\*Please note that No-Show charges are patient responsibility and cannot be billed to insurance.*** \_\_\_\_\_ **(initials)**



### **INSURANCE**

Denver Wellness Associates accepts several major insurance plans. It is patient responsibility to inform our office of any changes in insurance coverage. Failure to do so could cause delay or denial of insurance payment.

Patients are responsible for co-pays at time of service. If applicable, you will be billed for services not covered by your insurance (as stated in your insurance contract) by our billing department. \_\_\_\_\_ *(initials)*

### **PAYMENTS**

Denver Wellness Associates accepts cash, personal checks, MasterCard, Discover, Visa and American Express. Checks can be made out to Denver Wellness Associates. **There is a \$25 fee on returned checks.**

It is the policy of Denver Wellness Associates to make all reasonable attempts to collect outstanding balances' should they accrue, including, convenient payment arrangements. Following these attempts, accounts in poor standing will be outsourced to a third party for the purpose of collection. \_\_\_\_\_ *(initials)*

### **FORMS/LETTERS/REPORTS**

We understand that at times, various forms or letters may be required to assist you with your healthcare needs. The staff at Denver Wellness Associates will be happy to complete forms and write school letters as necessary upon your request. However, because this can be time consuming, any reports, consultations or clerical tasks involving time beyond that of the regular scheduled appointment will be billed at \$300 per hour and may take 7 to 10 business days to complete. ESA letters are \$200.

Per HIPAA guidelines, copies of medical records must be requested in writing. To ensure your privacy, a form for release of medical information must be completed prior to receipt of these materials. All patients can request a copy of their medical records one time, free of charge. Additional copies may be requested at a cost of \$0.75 per page. The law allows Medical Offices 30 days to complete requests for records. However, our medical records department puts forth every effort to respond to these requests in a timely manner. \_\_\_\_\_ *(initials)*

### **PRESCRIPTION REFILLS & PHARMACY INFORMATION**

Please inform Denver Wellness Associates of which Pharmacy you use and update us if this should change. **Please allow one to two business days for refill requests.** We encourage our patients to review their medications prior to their office appointments and to request refills at that time, if needed. If you do not have any refills remaining and do not have a follow-up appointment scheduled, you will be required to schedule an appointment prior to a refill being administered.

**\*\*Please note our office does not prescribe Benzos and Stimulants in conjunction with one another. Providers may also require a release of information from a previous provider in order to approve certain medications.** \_\_\_\_\_ *(initials)*



DENVER WELLNESS ASSOCIATES  
*your path to well being*

**CONFIDENTIALITY & PATIENT RIGHTS**

Information shared in visits is confidential and is not shared outside of Denver Wellness Associates without a release form signed by you. However, there are legal limits to confidentiality. If indications of child abuse or planned bodily harm to oneself or others comes to light during the course of treatment, Denver Wellness Associates are legally bound to report these to the appropriate authorities.

You are entitled to the highest psychiatric care available. Psychotherapy is a joint undertaking, with rights and responsibilities shared by both the patient and the provider. We are always interested in responding to whatever questions, concerns or feelings you may have regarding your care. \_\_\_\_\_ **(initials)**

**RECEIPT ACKNOWLEDGMENT FORM**

By signing below, I acknowledge that I have received, reviewed, understand, and will comply with the policies and procedures explained in the Denver Wellness Associates OFFICE POLICIES & PROCEDURES FOR PATIENTS form.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signed Name

\_\_\_\_\_  
Date

THANK YOU!  
Denver Wellness Associates