



NORTHSTAR DAY TREATMENT

6506 Schroeder Road
Madison, WI 53711
PHONE: (608) 270-1960
FAX: (608) 270-1965

Welcome to NorthStar Day Treatment. We have designed this packet to help you understand our policies and procedures along with your rights as our client. We ask that you read this informational brochure. Please feel free to ask questions. Your signature is required at the end of this packet to indicate your understanding and willingness to participate and abide by these policies. We take pride in our training, knowledge and capabilities, and we want you to know that we are dedicated to giving you quality health care.

OFFICE HOURS:

Our office hours range from approximately 9:00AM to 5:00PM, Monday through Friday. The office staff are generally available from approximately 10:00AM to 4:00PM, Monday through Friday with the exception of holidays. For non-urgent situations, you may leave a message on our confidential voicemail after normal business hours. If there is an emergency before or after business hours, you can call our clinic and be connected to our answering service by pressing #0 or you may directly call our answering service at 1-866-814-4052 to have your doctor or therapist paged. Medication refill requests are not emergencies.

PRESCRIPTION REQUESTS:

Just as we cannot treat illnesses over the telephone, we cannot prescribe new medications over the telephone. Medications will only be handled during regular office hours and only if you are currently under our care. In order to avoid medication errors, prescription refill requests placed after regular office hours, on weekends and holidays will NOT be granted as we cannot check your clinic record after clinic hours. If you are in need of a prescription refill, we advise you to contact our office five days in advance. *For controlled substances that need to be mailed, please call one week in advance to avoid lapse in medication as we can neither control nor predict timing of mail delivery. **Refill requests made Friday afternoons will not be processed until the following Monday. Our psychiatrist may not be in the office every day of the week and is not always immediately available to fill the prescription. If the doctor is on vacation, another doctor will be on call for emergency requests. The doctor on call will only give you enough medication to get you by until your doctor returns.

When calling the office with your prescription request, please have the following information available. We can only call in your prescription with the following information:

1. Name of the drug
2. How many milligrams in each pill
3. How many you take per day
4. When you will run out of medication
5. Pharmacy telephone number
6. Tell us if you have any side effects or concerns about your medication

NOTE: Requests made due to missed or canceled appointments are not guaranteed and may take additional time to process.



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FINANCIAL RESPONSIBILITY & FEE INFORMATION:

I. CLIENT FEES:

- A. FINANCIAL POLICY: Clients are responsible for payment of all fees for services priced according to the fee structure outlined in this Service Contract.
- B. INSURANCE: Claims will automatically be filed with your insurance company. Clients are responsible for settlement of any disputed charges with their insurance company. You agree for us to release information requested by your insurance company so that your bill will get paid.
- C. UNPAID BALANCES: ALL OUTSTANDING BALANCES ARE DUE UPON RECEIPT. CO-PAYS ARE DUE AT TIME OF VISIT. If your account is not paid within 6 months, unpaid portions may be turned over to our collection agency. If you have questions or problems with payment, please arrange a payment schedule by calling the billing office at 1-608-270-1960x11.
- D. CLIENTS COVERED BY MANAGED CARE/HMOS: It is the client's responsibility to ensure that all necessary referrals/authorizations for services are obtained prior to services provided by NorthStar. Failure to do so will result in the client being held responsible for all charges not covered by such authorizations.
- E. PRIVATE PAYMENT/COPAYMENTS/DEDUCTIONS: All such payments are due and payable the time of your appointment.
- F. MONTHLY STATEMENTS: Clients who have an outstanding balance will receive monthly statements. If you notice any discrepancies, please contact our billing office at 1-608-270-1960x11.

GENERAL INFORMATION:

I. NOTE TO PARENTS OF MINOR CHILDREN:

It is the clinic's policy to accept the parents or legal guardian's signature on their form as agreement to be responsible for the payment of the minor child's treatment. It is the responsibility of the signing parent to make sure payments are made in a timely manner on this account. It is not the responsibility of NorthStar Day Treatment to determine the financial responsibility of the minor child after a divorce has occurred. Therefore, the parent or guardian who signs the responsibility forms will remain the responsible party until the bill is paid in full.

II. CLIENT STANDARDS:

NorthStar Day Treatment is certified by the WI Department of Health & Social Services. The State of Wisconsin had developed outpatient psychotherapy clinical standards (61.91) to ensure that quality services are provided to clients. As required by these standards, personnel employed by NorthStar are under the supervision of a licensed psychiatrist and/or psychologist. The supervising psychiatrist/psychologist will review client's progress periodically. This review may or may not include the client meeting with the psychiatrist or the psychologist.



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III. CONSUMER RIGHTS:

- A. At intake, consumers are given to sign the following forms.
 - a. Notification of patients' rights
 - b. Informed consent for treatment
 - c. Client rights acknowledgement form and pamphlet entitled: "your rights" and the grievance "process".
 - d. Notice of privacy practices with acknowledgement form.
- B. In the event that a clinician leaves NorthStar Day Treatment and is no longer available, you will be offered options for ongoing services.
- C. If you do not have the ability to pay for services, your clinician will do their best to arrange a payment schedule or adjust fees.
- D. If you are discharged for unacceptable behavior(s) that are the result of your mental health symptoms, the clinician will notify you in writing of the reasons for discharge, the effective date of discharge, sources for further treatment and your rights to have the discharge reviewed prior to the effective date of the discharge by the clients' rights specialist. If you are discharged due to late cancellations or no shows you will be notified of this in writing.