

# DR. BOK CHUNG'S POLICIES AND PRACTICES

Welcome to Dr. Bok Chung's private practice located within Sage Health Care. Dr. Chung sees private practice patients at this location and is not in partnership with Sage Health Care. Dr. Chung would like to thank you for choosing him as your mental health care provider. Our office is committed to giving you excellent service and treatment. The following are Dr. Chung's policies and practices in which he requires that you read and sign prior to any treatment.

Full payment or co-payment is due at the time of service. We accept cash, check, Visa/MasterCard and a postdated check up to ten days.

**REGARDING INSURANCE:** Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. We do, however, bill all primary insurance as a service to our clients as long as we are contracting with them. Please check with our office manager regarding your benefits prior to your appointment and whether or not Dr. Chung does contract with your insurance company. At this time Dr. Chung does not see private practice clients contracting with Tricare/Champus or Magellan; however, this list is subject to change.

If your insurance has not paid your account in full within sixty days of billing, we will require the balance to be paid in full. We will however, make every effort to help you resolve any problems in which your insurance company may have with paying your claim.

We do not accept assignment on National Student Services. If you have applied for worker's compensation benefits, we will assist you in any way we can, but require that you keep your account current at all times. If you are receiving assistance from your church or a charity organization, please talk with the Patient Accounts Representative before scheduling your appointment.

**OFFICE HOURS:** Our office hours are Monday through Friday 8:00 a.m. to 5:00 p.m.

**UNATTENDED CHILDREN:** Please note that our office does not allow and are not responsible for unattended children (under 12 years old) in the lobby.

**EMERGENCY SITUATIONS:** For emergencies after hours, please call Intermountain Hospital at 377-8400.

**CANCELLATION AND NO SHOW POLICY:** If you need to cancel your appointment or change your appointment, please do so as soon as possible. If cancellation does not occur at least 24-hours prior to your appointment, you may be charged for that appointment. If you no show for a scheduled appointment you may be charged.

**MEDICATION REFILLS:** We do ask that a 48-hour notice is given for all refills excluding control substance refills. All control substance refills we ask for a 72-hour notice. Please have your pharmacy fax a refill request to us at 323-9604. Your pharmacy may require the following information: your name, phone number, date of birth, date of last refill, name of your physician, name and dosage of medication, and the date of your next appointment. Please take a moment to look at your current prescription to ensure that you do not have a refill waiting at your pharmacy.

The following are the charges for prescriptions written or for prescriptions that are called in which takes place other than during of your appointment:

**Control Substance Refill: \$ 7.00**

**All Refills (written or called in) not to include Control Substance: \$ 7.00**

**Patient Assistance Program / Samples: \$ 7.00**

**Emergency Prescription: \$ 17.00**

**PHONE CONSULTS:** We do charge for phone consults. Please contact your provider in regards to their fee. The fee for consults with our nurse is as follows:

**Nurse limited (up to 5-min.) phone consult: \$ 10.00 - \$ 20.00**

**Nurse extended phone consult: up to \$ 30.00**

## **REASONS FOR TERMINATION OF CLINICIAN-PATIENT RELATIONSHIP**

- a. If you feel you are not compatible with your clinician .
- b. If you are not complying with your clinician orders, he/she may request to discontinue treatment.
- c. If you are not meeting financial obligations, your clinician may discontinue treatment.
- d. If you are disruptive or inappropriate towards the staff, care may be terminated.
- e. Dishonesty and/or deceitfulness may require termination of treatment.

Please let us know if you have any questions or concerns.

**I HAVE READ DR. BOK CHUNG'S POLICIES AND PRACTICES. I UNDERSTAND AND AGREE TO COMPLY WITH THE ABOVE.**

---

**Patient or Guardian**

---

**Date**