



INSYTE Psychiatric

Insyte Psychiatric
2 Auer Ct Suites E & F
East Brunswick NJ, 08816
Ph: 732-515-5089

Date: _____

I, _____, have thoroughly read the practice policy for
Insyte Psychiatric. I understand and agree to the policies below to receive
treatment:

(Initial)

Patient must agree to come in-person for their session at
least once in the entire year

Patient must treat all staff and prescribers with respect.

If the patient is uncooperative, they will be discharged.

Ongoing treatment is not a guarantee. Prescriber may
end treatment with the patient at any time.

If the provider ends treatment with the patient, or if the patient is
discharged, they will be given a 30-day supply of medications,
and a list of suggested providers in their area.

(If they are not in network, the patient can reach out to their
insurance for a list of in-network providers)



Patients should be willing to see a different provider
when needed due to availability/need for coverage.

No refills will be given if the patient refuses and wants to wait
until the next available session with their provider.

(ex: your provider is out of office or if their schedule is full)

Patients need to be seen by a provider for any medication
changes/discussion (ex: discussing side effects, dosage changes,
change of medication, tapering off/stopping a medication, etc)

Patients that have a no-show, or cancel their appointment,
will need to be seen by a provider in order to get a refill

Insurance: Patients need to be aware of their insurance coverage,
including copay/deductible information,
and notify us if their insurance changes)

If there is a change in the patients insurance, (if they have new
insurance, or no insurance) the patient must notify the office
at least 48-hours prior to their session. If the claim is rejected
or the insurance is no longer active, the patient will be set as self-pay
and will be responsible to pay for the session



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No-show Policy (\$400 for initial visit and \$200 for follow ups) _____

Cancellations/Rescheduling (must reach out 48 hours prior) _____

Invoices/Balance (must be paid on time, prior to their session) _____

Telehealth Conditions (must be on video in an appropriate setting,
must be dressed appropriately, and cannot be driving) _____

Must provide discharge summary post IOP or
if they were discharged from a hospital _____

Urine test for controlled substances (one every 3 months,
must be submitted withing 72 hours) _____

Patients should sign a release form for any third party
(including spouse, parents, and other healthcare providers) _____

Stimulant availability (no requests for changes in pharmacy
or script will be accepted if medication is not in stock, patients will
need to wait until its back in stock) _____



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The practice policy is frequently being updated.

Patient is responsible for reviewing the practice policy prior to their sessions for any updates (the policy can be found on our website or through the link that is included in all appointment confirmation emails and reminders)

Forms and Letters (must be an established patient for at least 6 months to request discussion with providers during appointment)

Any paperwork is \$25 per page, and paper copies of medical records are \$1 per page up to \$100

Print Name: _____

Signature: _____