

**LINDNER CENTER OF HOPE PROFESSIONAL ASSOCIATES**  
**OUTPATIENT PRACTICE GENERAL INFORMATION SHEET**

**Check In – for in person appointments**

Please check in at the Welcome Center and arrive 15 minutes prior to your appointment and be prepared to pay any point of service payments you may have. For their initial appointment, all minors must be accompanied by their legal guardian to sign consent paperwork.

**Scheduling appointments**

You may schedule your appointments at the counters in the outpatient waiting rooms or at the Welcome Center in the main lobby. You may also call **513-536-0570** to schedule or change an appointment. If you wish to be put on your practitioner's Waiting List, please inform the schedulers and they will be able to notify you if a cancellation is received that would allow you to be seen sooner by your clinician.

**Fee Estimates**

Because of the complexities involved with insurance reimbursement and because rates for treatments vary based on the services provided by your clinician, any verbal estimate provided by LCOHPA staff represents our best attempt to inform you of the approximate charge. If you have questions about the specific services, feel free to discuss this with your clinician.

**Prescription refill policy**

In some instances, your doctor or advanced practice nurse may deem it appropriate for your care to allow phone requests for prescription refills. If your prescribing clinician determines that telephone requests for prescription refills are appropriate for your care, then you may call 513-536-4633. We require **three 3 business days'** notice to fulfill prescription refill requests.

**Cancellation Policy**

If you cannot not make your first appointment, please call us at 513 536-0570 to cancel or reschedule. Failure to cancel with more than 24 hours' notice will result in you being responsible for the full fee of the initial intake session should you choose to reschedule.

Follow-up appointments with your practitioner that you do not cancel by telephone with more than 24 hours' notice will result in a Late Cancellation/No Show charge. If you arrive and check-in more than 15 minutes late for your appointment and your provider is not able to see you, this fee will also apply. This fee is not covered by insurance companies and is your responsibility. This fee varies by the type or length of the scheduled appointment and the clinician's discipline. (Please see accompanying fee schedule for rates.) **To cancel an appointment, you must call the scheduling line at 513-536-0570** to speak with an associate or leave a message. This fee may be waived in the following instances:

1. When the Practice declares a weather emergency.
2. If your clinician fills the cancelled appointment,
3. If the cancellation or no show is caused by death of family member or your hospitalization, and you submit the LCOHPA Late Cancellation/No show waiver request form with documentation of such.

<b>Late Cancellation/ No Show Fees</b>	
Scheduled Appointment Time	Fee
MD 60 min.	150
MD 30 min.	100
Advance Practice Nurse 60 min	100
Advance Practice Nurse 30 min	50
Psychologist/Therapist 60 minute	100
Psychologist/Therapist 30 minute	50
Group Psychotherapy	50

**I acknowledge that I have received and read the information in the Lindner Center of HOPE Professional Associates Outpatient Practice General Information sheet.**

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Patient Name (Print) Date of Birth Date

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Patient Signature (if over 18 years of age) Date

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Parent or Guardian Signature (if patient is a minor) Date