

# TRENT C. HOLMBERG, M.D.

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## General Information

### Office Hours:

- Monday, Wednesday, Thursday, Friday 9:00 am – 12:00 pm
- Tuesday 9:00 am - 5:00 pm (Away for lunch from 12:00 - 1:00)
- Patient appointments are scheduled on Tuesdays and Thursdays only.

### Contact Us:

- **Life threatening emergencies.** Dial 911 or go to the nearest emergency room.
- **Appointments/Cancellations/Questions.** Call 801-432-2077 or email at [tchmdpc@gmail.com](mailto:tchmdpc@gmail.com). Although we are not in the office every day, you can leave a message on our voicemail or email. Voicemail and email messages are generally not checked on weekends and holidays.
- **Urgent Matters After Hours:** Call: **801-432-2077 and press "8" at any time** during the greeting and wait to be connected to the doctor on call.
- **Prescription Refills:** Have your pharmacy fax us a refill request to 801-432-2079. If the prescription is one that needs to be printed out, please call the office.

## Policies and Procedures: Please Read!

### Initial Evaluations:

An initial evaluation generally lasts one hour. If reasonably obtained, please have any prior psychiatric records faxed to our office before your appointment. It will be your responsibility to request such records from previous providers. On the day of your appointment, please bring an up-to-date and complete medication history, including your most current prescription bottles. New Patient forms will also need to be filled out prior to your appointment, which will be emailed to you or mailed at your request. They may also be downloaded from our website. If you wish to fill them out in the office please arrive 45 minutes early.

### Scheduling Policy:

It will be your responsibility to schedule follow-up appointments as instructed by Dr. Holmberg. Please schedule enough time for your specific needs. 15 minute appointments are for medication management only. If you are in need of any therapy or extensive medication management, you will need to schedule a 30 or 60 minute appointment. If you are being prescribed controlled substances, Dr. Holmberg typically requires you to make an appointment every three months. Please be aware that your face to face time with Dr. Holmberg may be slightly less than what is scheduled to allow for documentation at the end of your appointment.

### Prescription Refill Policy:

It is your responsibility to schedule an appointment or request a refill prior to the date you will run out of medication. Dr. Holmberg makes every effort to prescribe enough medication to get you through to your next recommended appointment. However, in the event that you do need a refill, please call your pharmacy and have them fax us a refill request. Make sure you do not have any refills on file. Certain controlled substances may not be able to be requested by the pharmacy in which case you will need to contact our office by phone or email.

**DO NOT WAIT** until your last dose or until you are completely out of medication as refill requests can take up to two **business** days to process or more if a prior authorization is required. **Please be aware that Dr. Holmberg may not authorize a refill if you are due for an appointment and don't have one or if you request an early refill for a controlled substance.** If your request seems to be taking longer than usual, please make sure your pharmacy has our correct phone (801-432-2077) and fax number (801-432-2079) or contact us.

**Important! Prescription refills are not considered an urgent matter** and will not be filled after regular business hours ((Mon –Fri 9 am to 4:30 pm). Please plan accordingly if you think you will run out over the weekend or if you are going on vacation.

### **Urgent Matters/After Hours Policy:**

**Emergencies:** If you have an emergency, a crisis, are suicidal or think you are having a severe allergic reaction to a medication, call 911 or go to the nearest emergency room. Inform Dr. Holmberg of any such occurrences.

**Urgent Matters (after hours only):** Call: **801-432-2077 and press “8” at any time** during the greeting and wait to be connected to Dr. Holmberg's emergency line or the doctor on call. Please use this option for **urgent matters only**. If you, your significant other, or any other family members or friends abuse this privilege for non-urgent matters, Dr. Holmberg reserves the right to refer you to another provider. Remember, **prescription refills are not considered an urgent matter** and should be handled during regular business hours (Mon – Fri 9 am – 5:00 pm) so please plan accordingly. If you have to leave a message, do not receive a call back within a reasonable amount of time and need to speak to a doctor right away, please try your call again, contact your primary care physician or go to the nearest emergency room.

### **If You Need Dr. Holmberg to Write a Letter or Fill Out Forms:**

If you need Dr. Holmberg to write a letter or fill out forms/paperwork, you will need to schedule an appointment. This will help him to work with you on your specific requests more efficiently than if you are not present.

### **Payment Policy:**

Please be aware that this is a “fee-for-service” practice and payment in full is due at the time of service.

**New Patient Fees:** New patients must provide a valid credit card number in order to guarantee their scheduled appointment time. Patients who “no show” will be automatically charged the full fee for their appointment. Cancellations of new patient appointments made less than 24 hours will be automatically charged half the new patient appointment fee. Cancellations made 24 hours in advance will not be charged.

**Established Patient Fees:** Fees are based on the duration of your appointment, which may be more than your scheduled appointment time. See fee schedule.

**Missed Appointments/Late Cancellations Fees (Established Patients) :** Cancellations must be made 24 hours in advance of the scheduled appointment time to avoid a cancellation fee. You may leave a message or email to cancel as long as it is left 24 hours in advance of the scheduled appointment time. If you are more than 15 minutes late for your appointment, you may be asked to reschedule and charged a late cancellation fee. If you miss your appointment without giving any notice, you will be charged the full fee for the amount of time scheduled. Multiple missed appointments or cancellations may result in a referral to another provider.

**Returned Check Fees/Unpaid Balances:** Your account will be charged a fee for any returned checks (see fee schedule) and your account will be placed on a “no checks” status for one year. If your account is unpaid for over

120 days and all efforts to obtain payment have been exhausted, Dr. Holmberg reserves the right to turn your account over to a collection agency, cancel any future appointments and refer you to another provider.

### **Insurance Reimbursement Policy:**

Unless you are informed otherwise, Dr. Holmberg is not under contract with or a participating provider for any insurance company and will not submit any claims to insurance companies. However, as a courtesy, you will be provided with a Super Bill (invoice) which contains the necessary information needed for your reimbursement. It is your responsibility to understand the *mental health benefits* of your insurance plan, specifically if your insurance will reimburse you to see an "out-of-network" provider. Some insurance companies may reimburse at the provider rate on a case by case basis, but make sure you call them before your first visit and at the beginning of each year to renew any previous prior authorizations.

### **Medicare Patients!**

Dr. Holmberg is an "Opt-Out Provider" for Medicare. If you are on Medicare, you must sign an agreement which states that you agree to not submit any claims to Medicare for reimbursement. If you do not sign this agreement, you cannot be treated by Dr. Holmberg. **This is Medicare's policy (not Dr. Holmberg's) if you choose to see a "non-provider."** If you are a Medicare member and you have not signed our Medicare Opt-Out Agreement, please let us know as soon as possible.

### **Request for Records:**

Patients wishing to obtain their medical records either for themselves or another party will need to fill out an "Authorization to Use and Disclose Protected Health Information" form. You can request a form from our office or it can be download on our website. There is one for patients to request records for their own use and one for requesting records to go to a third party. Please make sure you fill out the correct one. If obtaining records for yourself, you must have the form notarized and provide a copy of your driver's license. Patients may also request their own records in a written letter that is signed and notarized. By law Dr. Holmberg can withhold medical information, including psychotherapy notes, if he reasonably determines that the information would be detrimental to the patient's physical or mental health or would likely cause the patient to harm him/herself or someone else. Please note that this office reserves the right to charge a reasonable fee for the cost of copying, mailing or the time it takes to copy, fax or scan and email records. Please see our privacy policy regarding your health information and your rights associated with their use and disclosure.

### **Other Providers Sharing Office Space With Dr. Holmberg:**

Please be aware that although Dr. Holmberg shares a common area or even the same office with other providers, all provider located in this office practice independently and are in no way affiliated or partnered with Dr. Holmberg or his private practice. Other providers or their staff sharing office space with Dr. Holmberg are also in no way responsible for the billing of Dr. Holmberg's patients or forensic evaluations. Dr. Holmberg and his staff neither control nor supervise the services that other doctors, psychologists or therapists provide to their patients/clients. **Please direct any questions you may have to Dr. Holmberg or his staff only** . We appreciate your cooperation and understanding in this matter.

**Privacy Policy:**

Your privacy is very important to us. By law we must protect your health information and we make every effort to do so. Please make sure you read and understand our privacy policy.

**Use of Email to Communicate with Dr. Holmberg's Office:**

Please make sure you read Patient/Provider Email Agreement

**Important! Please make sure you have read and understand these policies and procedures completely before you sign the required signature page stating that you have read and understand them. Please keep this information and return only the signature page.**