

Policies and Fee Schedule

Please take a moment to review the following policies and procedures. These are in place to ensure quality care and clear communication. Please note: submitting this paperwork does not establish a doctor-patient relationship.

Please initial each section to confirm you've read and understood the information.

Payment & Insurance

Payment is due at the time of service. I am an out-of-network provider and do not file insurance claims. However, I will provide you with a superbill that you may submit to your insurance for potential reimbursement._____

Cancellation & Attendance Policy

Your appointment time is reserved exclusively for you. If you need to cancel, please use the link in your confirmation email or contact the office. A minimum of one appointment every 3–6 months is required to remain an active patient.

- Cancellations with less than 24 hours' notice or no-shows will be charged the full session fee.
- Patients prescribed controlled substances must be seen at least every 90 days and have one in-office visit per year, per current state prescribing laws.
- Repeated missed appointments may result in dismissal from the practice._____

Communication (Email, Text, Phone)

For non-urgent medication concerns, email is the most efficient way to reach me (response time is typically 24–48 business hours). Texts are fine for quick scheduling questions.

Please note: Some concerns require in-person evaluation. If emails or calls become frequent or complex, an appointment will be necessary. _____

Emergencies & After-Hours Coverage

In a mental health crisis or emergency, call 911 or go to the nearest emergency room.

I am a solo practitioner and do not provide after-hours or weekend coverage. If you need more comprehensive or 24/7 care, I can refer you to a larger group practice._____

Prescription Refills

- Refill requests are processed during weekday business hours.
- Do not rely on your pharmacy to request refills—please contact me directly.
- Allow 2–3 full business days for refill processing.
- Requests sent on weekends or holidays will be reviewed on the next business day. _____

Hospitalization

I do not have hospital admitting privileges. In the event of a safety crisis, you will be directed to an emergency room. If needed, I will coordinate with hospital staff to provide background information.

Fee Schedule

- Initial Evaluation (50–60 minutes): \$375
- Follow-Up (20–30 minutes): \$160
- Extended Follow-Up (50–60 minutes): \$320
- Letters or Forms: \$50–\$100 (depending on time and complexity)

Patients are financially responsible for all services rendered. Failure to comply with treatment or financial policies may lead to discharge from care. _____

Patient Signature

Date