

POLICIES AND PROCEDURES REGARDING TREATMENT FOR KANTHI RAJU, D.O., P.A.

Welcome to our practice. All services are provided at 2150 Lakeside Boulevard, Suite 225E, Richardson, Texas 75082.

APPOINTMENTS

Appointments are made by calling 972-907-5230. Reminder calls and appointment cards are courtesy only, as the patient is solely responsible for scheduling and maintaining appointments. We provide appropriate attention to each patient's needs; therefore delays may occur on occasion. The receptionist will make attempts to keep you informed of a delay and will assist you in rescheduling if you require. Account balances must be paid in full at the time of service and when prescriptions are picked up. Appointments and refills may not be authorized if the patient's account has an outstanding balance.

CANCELLATIONS AND MISSED APPOINTMENTS

Please call to cancel or reschedule your appointment at least 24 hours in advance to avoid being charged. The charges for missed or late cancelled appointments, regardless of the reason are \$50-75 depending on the time reserved. Third party payors will not reimburse cancelled or missed appointments charges; therefore the patient is responsible for payment. Repetitive cancellations, missed appointments, or rescheduling may result in termination of the relationship by the practitioner. You are expected to maintain follow up appointments as recommended by Dr. Raju.

CLINICAL RELATIONSHIP

Your relationship with Dr. Raju is a professional and therapeutic relationship. Personal, social, and/or business relationships undermine the effectiveness of the therapeutic relationship. Gifts, bartering, and trading services are inappropriate. Your treatment is voluntary. You are encouraged to participate in the planning of your treatment, and to discuss concerns about your treatment directly with your practitioner. If you present for a session intoxicated: we will reschedule that session; call a family member or a cab to transport you home at your expense; or call 911 to prevent you from driving yourself. You agree and contract not to attempt suicide, attempt homicide, or to engage in any life threatening behavior while in treatment with Dr. Raju. If you cannot contract for safety, you will be instructed and/or expected to call 911 or go to the nearest emergency room. In the event that your Dr. Raju believes that you are a danger to yourself or another person, she will recommend hospitalization, warn the person in danger, and contact emergency medical services and/or law enforcement. Inappropriate behavior or comments suggestive of harm to staff and/or practitioners will result in immediate termination of treatment and request for exit from the office.

FEES FOR SERVICES

Initial evaluation = \$350; Medication management = \$150-250; Phone session = \$100-150 (only in specific circumstances & not covered by insurance); CSII Prescriptions = \$10-15; Prior Authorizations = \$20-25; Non-Emergency Page = \$25; Medical Records = \$25+; Form/Letters = Dependent on Time Required to Complete. Dr. Raju accepts assignment of insurance benefits with some plans. Different deductibles and co-payments are required by various group coverage plans. Your co-payment is based on your insurance, and may be different for the first visit and subsequent visits. You are responsible for your deductible and co-pay portion of the charges for services rendered. We recommend that you determine your deductible and co-payment before your visit by calling your insurance company. Payments for services may be in the form of cash, credit card, or check made payable Dr. Raju. In the event that a check is returned for "non-sufficient funds," the patient is responsible for payment of the original check, payment of bank fees, and services in the form of cash or credit card only, as checks will no longer be accepted.

NUMBER/LENGTH OF SESSIONS

The number of sessions required depends on many factors and will be discussed with you at your visit. Initial evaluations are 45-60 minutes. Medication management appointments are 15-30 minutes. Sessions may require more time if clinical assessment deems it necessary. You will be charged accordingly for the additional time at an agreed upon rate.

CONFIDENTIALITY

Discussions between Dr. Raju and patient are confidential. No information will be released without your written consent, unless mandated by law. Possible exceptions include, but are not limited to the following situations: your written consent, to office staff to perform administrative, billing, and/or transcription services; to third party payors to process claims; to certify treatment with the third party payor and/or obtain payment from the third party; child abuse or neglect; abuse or neglect of the elderly or disabled; sexual exploitation; criminal prosecutions; between members of a couple or family in such therapy; civil legal actions; court commitments to a mental health facility; child custody cases; suits in which the mental health of any party in the case is an issue; situations where we have a duty to warn or disclose; fee disputes; a negligence or malpractice suit brought by you against a practitioner; filing of a complaint with licensure/certification/professional boards/associations; threat, intent and/or plans of suicide, homicide, or violent behavior towards yourself or others; presenting to the office intoxicated on drugs/alcohol as judged by your practitioner; subpoena of records; court order to verbally disclose; and, medical emergencies.

CONFIDENTIALITY OF RECORDS

Although it is our goal to protect the confidentiality of your records, there are times when disclosure of your records or testimony will be compelled by law. In the event disclosure of records or testimony is required by law, the patient will be responsible for and shall pay the costs involved in producing the records, and pay an hourly rate up to \$350/hour for the time incurred in preparing for and giving testimony. A portion or this entire fee may be required by Dr. Raju in advance of service, and additional payments are to be made at the time or prior to the time services are rendered, requested by you, an officer of the court, or the court itself. Please be advised that insurance companies may not cover these services and you will be responsible for the payment. The patient or authorized representative may have access to inspect his/her medical and/or billing records at a reserved time. Records requested from an authorized health care provider or government entity for disability claims will be provided complementary and directly to the provider or entity. Records requested by other authorized entities or the patient will be provided and billed \$20 for the 1st 20 pages and \$0.50 per page thereafter, plus the cost of Dr. Raju's chart review, unless the records are deemed harmful to the patient. A treatment summary may be provided in lieu of records and billed to the patient based on minute increments of practitioner time and fee for services. If an affidavit is requested certifying that the information is a true and correct copy of the records, \$15 will be charged to the patient.

MESSAGES/ AFTER HOURS EMERGENCIES

General messages will be retrieved by an assistant and presented to Dr. Raju. Messages requiring extensive phone consultation with Dr. Raju will be billed to the patient per minute increments. Requests for medication refills require up to 48 hours for processing. Three month prescriptions will be provided solely at the discretion of Dr. Raju, in light of safety and follow up appointments. If you experience a life threatening emergency, you must call 911 or go to the nearest emergency room. Dr. Raju has voice mail with emergency paging available 24 hours/day. Please leave a detailed message with your name, contact phone number, and problem so that she or her assistant may return your call within 24 hours. A page that is deemed non-emergent will be billed \$25. Please disengage your caller ID when paging Dr. Raju.

LETTERS/ FAMILY MEDICAL LEAVE FORMS/ DISABILITY FORMS/MEDICATION PRIOR AUTHORIZATION REQUESTS & FORMS

These will be completed at the discretion of Dr. Raju (billed in minute increments of chart review time, based on fee for service). All letters & forms require at least 5 business days to complete with the exception of medication prior authorization forms which are completed within 24 hours. Please visit our website for details.

TREATMENT TERMINATION

The mental health treatment provided by Dr. Raju is voluntary. You or Dr. Raju may elect to terminate treatment when appropriate. If Dr. Raju recommends one final termination session, please consider this as part of the therapeutic process of your treatment.

RISKS OF CLINICAL SERVICES

You may learn things about yourself, your relationships, marriage, and/or other family members that you do not like. You may receive a diagnosis consistent with criteria established in the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, (DSM-V)* that may cause you to feel sadness, anger, sorrow, anxiety, pain, and/or strong emotions. Possible risks of services may include, but are not limited to, the following: marital failure; increased family dysfunction; adolescents becoming angry at family members; individuals becoming angry with their partners; anxiety; anger; depression; fear; distress; suicidal ideation; homicidal ideation; treatment failure; and therapeutic impasse. Therapy is not for everyone. Often, growth cannot occur until you experience and confront issues that induce you to feel those emotions. The success of your treatment depends on the quality of the efforts of both the practitioner and patient. We encourage you to ask questions and seek clarification for any of your concerns.