

PROVIDER - PATIENT AGREEMENT AND FEES

This agreement serves to inform patients of Central Phoenix Psychiatry regarding ALL office policies, and the provider - patient relationship. We ask that you abide by all the policies listed below. Please read this agreement in its entirety and acknowledge your understanding of all policies by signing below:

Charissa Lopez, NP and all prescribing and or/licensed clinicians who join the Central Phoenix Psychiatry team require that all patients taking medications must be seen on a regular basis, as determined by the individual needs of each patient. Follow-up recommendations will be discussed at the time of your initial appointment and follow-up appointments as needed. Patients who are prescribed schedule II-controlled medications (including but not necessarily limited to stimulants) must be seen every three months. Patients must call or email in advance to schedule follow-up appointments. Failure to maintain a consistent schedule may affect prescription refill requirements. If the patient has several appointment no-shows or fails to cancel multiple appointments within the 24-hour notice period providers/clinicians at Central Phoenix Psychiatry may discontinue seeing the patient at this practice.

PRESCRIPTION POLICIES:

Please leave prescription requests through voicemail, email, or via the patient portal. If you need a RX script, allow at least 48 -72 hours for processing. If you are using (E-Prescribe) Prescriptions usually process within 24 to 48 hours. **

Please note make sure to allow enough time for processing on all prescriptions, especially over the weekend, or holidays. This prevents you from running out of medications.**

MEDICARE PART B: ENTITELMENT POLICY:

Central Phoenix Psychiatry will gladly accept patients who are Medicare eligible, however **WE DO NOT participate in Medicare Part B**. Unfortunately, that means Medicare eligible patients are not allowed to seek Medicare reimbursement for the services rendered by Charissa Lopez, NP at Central Phoenix Psychiatry. Patients are required by law to sign a "Medicare Private Contract" acknowledging you understand the requirements.

PATIENT/PHYSICIAN RESPONSIBILITIES: All patients are responsible for providing accurate personal and insurance/billing information. If there is a change in patients demographics including telephone, email, or address the patient must notify the office immediately. This helps eliminate any disruption in patient care and communication.



Treatment provided by Charissa Lopez, NP with Central Phoenix Psychiatry is limited to Outpatient Psychiatric Care. The patient should be aware that this does not necessarily constitute full or definitive psychiatric care and further evaluation and treatment may be required. It is the patient's responsibility to obtain follow-up medical care for general health issues as needed or when advised to do so by the providers of Central Phoenix Psychiatry. The patient further acknowledges that psychiatry is a specialty within a field of medicine and is not meant to be a substitution for primary medical care.

TERMINATION POLICY:

Charissa Lopez and Central Phoenix Psychiatry, LLC reserves the right to terminate patient care if treatment protocols are violated and/or patient is non-compliant with the recommended treatment plan. This includes neglecting to schedule follow-up appointments and if a patient is willfully defiant of treatment objectives that are designed to obtain positive clinical outcomes. The provider(s) will continue to treat the terminated patient on an emergency basis for 30 days after termination.

ACCESS TO PATIENT MEDICAL RECORDS AFTER TERMINATION:

If termination is deemed necessary Charissa Lopez, NP, or an associate from Central Phoenix Psychiatry LLC. will communicate this decision with the patient through letter, email, and/or direct verbal communication. Information and steps to take in finding a new practitioner, and how medical records may be obtained will be discussed. Patients will be provided a phone number, and referral to a new clinician directly, or we will provide a direct phone number to the Arizona State Board of Nursing or Arizona State Medical Board. Our practice and providers will stay in direct contact with the patient, during the required time for records retention. We will provide a contact number for a period of 3-6 months, depending on circumstances of the patient termination. Depending on the circumstances, Central Phoenix Psychiatry will forward medical records or give access and responsibility to another provider, who will delegate records requests in accordance with legal standards, as set forth by the Arizona State Psychiatric Association, the Arizona State Board of Nursing and/or Arizona State Medical Board.

APPOINTMENTS:

A credit card will be required to hold an initial consultation / evaluation and for purposes of billing follow-up appointments for all cash pay clients or for co-pay collection for clients using accepted insurance plans. There is a 24-hour cancellation policy for all appointments. If the patient does not appear for an appointment (no-show) or does not cancel at least 24 hours prior to appointment date/time by calling or texting the office at: 602-370-4589, 50% of the cash pay/private pay fee for the type of session scheduled



will be charged to the credit card. Due to the scheduling of other patients, the provider may not be able to exceed your scheduled time if you are late.

NURSE PRACTITIONER PRIVATE PAY/CASH FEES:

Initial evaluation:

60-minute \$400

90-minute \$500

Subsequent visits/Follow up visits:

up to 30 minutes \$200

30-45 minutes \$250

45-60 minutes \$300

Document preparation (FMLA, *disability, housing letters, school letters, etc):

*Disability / FMLA: \$100

All other letters: \$50

*Please note, Charissa Lopez, NP does not accept patients for purposes of determining disability only. Should disability determination be deemed necessary at any point during treatment at Central Phoenix Psychiatry LLC, the patient's assigned provider may choose to complete documentation preparation as needed. However, this does not guarantee that disability benefits will be granted by your employer or the state.

Printed Patient Name

Printed Name of Parent/Guardian or Responsible Party

Responsible Party Signature

Self – Parent – Guardian (circle one)

Date

