

Logan Wellness Advanced Nursing Practice Corp.

538 N. Detroit St. Los Angeles, CA 90036

Tel: 310-751-1080 Fax: 844-941-1989

www.loganwellness.com mark@loganwellness.com

PRACTICE POLICIES AND PROCEDURES

We require a debit or credit card to be kept on file with our secure electronic medical and billing software. Copays and/or coinsurance fees will be automatically charged to your card on file, unless we have agreed on other arrangements. I accept debit card payment, and major credit cards. If payment is 60 days past due, I reserve the right to activate legal resources such as collection agencies or small claims court in order to obtain payment for services.

You agree to pay for any time spent related to your care outside of session time on a prorated basis. Any of the following, requiring more than 10 minutes of time, will cost \$50.00 per 10-minute interval (i.e. If a request requires 30 minutes of time outside of sessions, the fee will be \$100. If a request requires 60 minutes of time outside of session, the fee will be \$250. Please recognize that insurance companies do not reimburse you or me for this. Here are some but not all examples:

- Phone calls, email messages, messages in the patient portal, voicemails, letters, video sessions and texts between me and: you, other providers, therapists, teachers, family members, insurance companies, etc.
- Prescription refills outside of session time
- Time spent obtaining prior authorizations
- Coordination of care for client emergencies
- All forms (insurance, worker's compensation, school, employer; provider notes, letters, or reports) and chart reviews not completed during a session
- Testimony in court, at depositions, administrative hearings, board reviews, and all time required for preparation and travel, whether requested by you or ordered by a court, board, government agency or other legal authority

You are financially responsible for all charges, whether or not insurance pays for any services, we decide to proceed with treatment, what the treatment will be, or if the treatment is or is not successful.

You affirm you are an authorized user of the credit card whose number and expiration date supplied, and you authorize its use for all fees incurred.

The best way to contact me is through the Kareo or Grow Therapy patient portals.

Documents of a reasonable number of pages (5 or fewer) will require a minimum 10 business-day turnaround time and may take up to 15 business days. Plan accordingly. There is no "rush" option. Documents of more than 5 pages may be accepted on a case-by-case basis.

Medication adjustments will be made during your session only unless you are experiencing a medication-related side effect or adverse reaction. Additionally, a medication will not be prescribed until you and I have discussed the medication during session

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ THIS AGREEMENT AND AGREE TO ITS TERMS.

Client/Legal Guardian:

Date:

Printed Name:

Mark A. Logan, PMHNP-BC:

Date: