

Information Sheet 2010

Fees for Therapist Services:

The fee for the **Diagnostic Evaluation** is \$140.00. The fee for therapy is \$120.00 per 50-minute session.

Fees for Medical Services:

Initial Diagnostic Evaluation is \$225.00, Medication follow-up visit is \$120.00 and family consultations and/or extended medication visits are \$175.00. All patients are subject to see not only Dr. Masoud Hejazi, but Robyn Bridges & Kelly Virgil for continuation of care. Disability forms, life insurance forms, copies of medical records require \$35.00.

Release of Medical Records: To release medical records to another provider; release of information must be signed at this practice or the practice you are transferring to. Due to their sensitivity, the release of medical records to client/parent must be accomplished during a **scheduled appointment** with MD, Nurse Practitioner who will go over medical records before releasing. All records are confidential. Copies of medical records require \$35.00.

Supporting Churches:

Members of our Supporting Churches are entitled to one session of therapy (not medical) per family per life-time at no charge as well as reduced subsidized fee scale when applicable.

Subsidized Sliding Fee Scale:

A subsidized sliding fee scale is available to anyone unable to pay the therapist fee or those persons who do not have insurance benefits. A subsidized sliding fee scale **does not** apply to **medical**. The sliding fee rate is based on the gross family income. You may use current pay stubs and or your income tax forms to verify income. The minimum is \$45.00 per session.

Insurance Services:

In most cases your health insurance may provide payment for part of your therapy. It is your **responsibility** to verify your **coverage and obtain authorization** from your insurance carrier. Payment of co-pays/deductibles is required at each session. Please notify the front office of **any change** in your **insurance, address, and telephone number**. We participate with most insurance carriers. Fees are subject to change. If you do not provide proper insurance/authorization at time of service **you** are responsible for the bill.

Payment Information:

We accept **VISA, DISCOVER, American Express and MASTER CARD, CASH & CHECK** for payments. Payments also are accepted online at www.presbyteriancounseling.org. Any checks returned due to insufficient funds (NSF) will result in an additional charge of \$25.00. The amount of the check, \$25.00 service charge, and any unpaid balance of the account must be paid in cash prior to scheduling the next session.

Cancellation Policy:

CANCELLATIONS REQUIRE A 24 HOUR NOTICE IN ADVANCE. You will be charged \$25.00 for **therapist** and \$50.00 for **medical staff** if cancellations are not received less than 24 hours prior to your appointment or if you do **not show**. **Insurance does not pay for "NO SHOWS"**. **Continuous cancellation/no shows could result in pre-payment before scheduling appointments or dismissal from practice. You are responsible for no shows and late appointment cancellations at next appointment.**

Medication Refills:

Please have your pharmacy **Fax 2 weeks in advance (336-288-0738)** any medication refills. All written prescriptions require a 2-week notice as well. All prescriptions must be picked up by **4:00 PM** daily. We are closed from 12:00 – 1:00 for lunch.

Medical Emergencies:

For all medical emergencies only after 5:00 PM (for example, suicidal feelings) that cannot wait until the next morning, Nurse Practitioners, may be reached by calling **336-207-3485**.

Non-Medical Emergencies:

For Non-medical emergencies the therapist can be reached by calling **336-207-2527** after 5:00PM. _____ Initial

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