# **Policies & Consents**

# Office visits and payment:

Office hours are by appointment only. Full payment is due at the time of service by check, cash, or credit card.

I do not participate in insurance panels or Medicare or Medicaid, and I do not file insurance claims. Your statement contains information for you to file claims for non-Medicare out-of-network benefits. Please review your insurance policy for details of your out-of-network coverage.

# **Cancellations and missed appointments:**

48-hour notice is required or you will be charged the full fee for the time reserved for you.

Your credit card will be charged if payment is not made by other means.

### **Prescriptions:**

- It is your responsibility to ensure that you don't run out of medication.
- I require 72 hours for prescription requests between appointments and prescriptions may not be provided on holidays.
- Prescription requests will not be authorized if you fail to keep follow-up appointments
- I do not respond to automated refill requests faxed by pharmacies.
- I use the Prescription Monitoring Program database to monitor controlled prescriptions.
- I use a secure cloud-based Electronic Health Record (EHR) to maintain required documentation and to transmit prescriptions to your pharmacy electronically. EHR gives me access to your prescription history when available in a an electronic pharmacy database.

#### **Services:**

Initial psychiatric consultation or second opinion (60-90 minutes)

Psychopharmacology follow up (20-39 minutes)

Psychopharmacology follow up (40-60 minutes)

Psychotherapy with psychopharmacology (53-60 minutes)

 Psychiatric treatment requires recurring appointments with frequency based on individual needs and discussed at the time of scheduling.

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- Additional services subject to charge include extensive telephone consultation, records requests or review, and extensive administrative services. These services are not usually reimbursed by insurance companies. You will receive a good faith estimate for any of these services before they are provided.
- I do not perform forensic evaluations or legal work. If subpoenaed or required to take part in a legal matter, I will charge \$600 per hour (8-hour minimum per day).

## **Emergency/after hours:**

- In a life-threatening medical emergency, call 911 or go to the nearest hospital emergency department immediately.
- For non-urgent communication between appointments, you can message me through a secure electronic portal connected to my EHR. You also may call (434) 984-1100; my voice mail is confidential and I do my best to return calls within 48 hours.
- I do not communicate with patients through text messaging.
- I do not provide medical services through email.

Your signature, below, expresses your understanding of, and agreement with these terms, and authorizes Dr. Alson to bill your credit card.

# **Credit card number & Payment Authorization**

Credit card number *
Credit card expiration date *
Credit card security code *
Credit card billing zip code *
Signature: * x

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