NANCY S. SHOSID, M.D. Child, Adolescent and Adult Psychiatry

12880 Hillcrest Road Suite 104 Dallas, Texas 75230 Michelle Bell, Office Manager Telephone (972) 490-4513 MBell104@pm.me Telephone (972) 387-4767 Fax (972) 490-3567 www.drnancyshosid.com

OFFICE POLICY

Dr. Shosid is considered an out-of-network provider as she is not contracted with any insurance companies. You are financially responsible for charges incurred regardless of insurance reimbursement policies. Payment is due at the time of the visit. Please fill out a Credit Card authorization form to facilitate payments. This form can be submitted through the website under the Documents and Forms section. Statements can be requested at the time of service and will include diagnostic and procedural codes necessary for filing your own insurance claim. At the end of the calendar year, a statement will be provided, upon request, with all appointments and charges to be submitted for insurance reimbursement.

All new patient evaluations require a credit card of file to hold the scheduled time slot. The credit card will be charged if the appointment is not cancelled via email at least 48 hours before the scheduled time of the appointment. For established patients, cancellation or rescheduling is required 24 hours in advance to avoid being charged for the full fee for the reserved appointment time. If the appointment is on a Monday, cancellation is required by the Friday prior. Patients will receive a courtesy email/text reminder, but it is the patient's responsibility to know appointment times.

The charge for a one-hour evaluation or consultation appointment is \$600 for adult patients. The charge for the initial child and parent evaluation is \$600 each and subsequent evaluation appointments will be charged at \$550. The charge for an hour-and-a-half adolescent consultation appointment is \$800. Additional charges may be incurred if formal reports or letters are requested. If collaboration is needed outside of sessions in the form of phone calls with the patient or family members responsible for their care or other professionals, a charge will be incurred based on time allocated. The fee for a 45-minute appointment is \$425. The charge for medication follow-up appointments ranges from \$250 to \$325 depending on allotted time. A \$50 fee will be charged if the office is required to obtain a prior authorization for medication from your insurance company.

Payment is due at the time services are rendered. Accounts not paid by the next billing cycle are subject to a service charge of one and one-half percent (1.5%) per month plus a \$10.00 administrative fee. Credit cards on file will be charged the day of the appointment or the following day. However, for your convenience cash and checks are accepted at the time of the appointment. Please fill out a Credit Card authorization form to facilitate payments. This form can be submitted through the website under the Documents and Forms section. After-hours or weekend calls for routine matters that are non-emergent, will be subject to charges accordingly. Appointments are made through office manager, Michelle Bell. All e-mails go through the office manager. The office does accept faxes at 972-490-3567.

<u>Please allow 48 hours for processing of medication refills</u>. All requests should be made via fax through your pharmacy. There will be a \$30 refill charge for controlled substance prescriptions that require refills between appointments. Additionally, there will be a \$35 refill charge for ALL prescription refills filled outside of office hours. Dr. Shosid is able to provide a three month supply of controlled substances, if permissible by your insurance.

Dr. Shosid is a HIPAA compliant healthcare provider. Please refer to Dr. Shosid's Notice of Privacy Practices for information on how your personal health information is used and disclosed. A copy of the privacy practices is available upon request.

Please sign below to indicate that you have read and understood the Office Policy.		

Signature (parent if minor)	Date	