

**\*\*\*\*PLEASE READ AND SIGN THE FOLLOWING OFFICE POLICIES\*\*\*\***

1. We request that office charge be paid at the time services are rendered, unless other arrangements are made in advance.
2. **OUR OFFICE REQUIRES A 24-HOUR PRIOR NOTIFICATION OF ALL CANCELLATIONS; OTHERWISE, THE PATIENT'S ACCOUNT WILL BE CHARGED FOR THE ENTIRE APPOINTMENT FEE, NOT JUST THE COPAYMENT.** This is the accepted policy for mental health providers in the Houston area. Compliance with scheduled appointments is considered an important part of a patient's treatment. Face to face interaction is necessary to monitor the patient's progress and potential side effects of medication. When you do not keep your scheduled appointment at least 4 people are affected. You, because you don't get the prescribed treatment, another patient who could have been scheduled for the time, the physician, and the staff who have to take to take the time to return phone calls, reschedule appointments and arrange medication refills.

Patients will be charged a fee, which may be more than the discounted insurance rate for appointments not cancelled with at least 24 hours notice. **PLEASE NOTE: CANCELLING AN APPOINTMENT THE DAY BEFORE IS NOT ADEQUATE UNLESS IT IS AT LEAST 24 HOURS IN ADVANCE.** Monday appointments can be cancelled over the weekend by leaving a message on Dr. Drell's answering machine or with his answering service. Both methods will record the date and time of the cancellation. **FEE FOR THE MISSED APPOINTMENTS ARE THE RESPONSIBILITY OF THE PATIENT, NOT YOUR INSURANCE COMPANY.** Payment for the missed appointment may be requested before medication refills are authorized or appointments are rescheduled.

Please initial here \_\_\_\_\_

3. The patient will be responsible for deductibles, copayments, and any other charges the patient's insurance does not cover, including report charges, extended phone conversations, and charges for visits that were not pre-certified because the patient did not supply our office with correct insurance information prior to the visit.
4. Our office requests that the patient has all medications refilled during weekday business hours, as Dr. Drell (or the doctor on call) will not have access to the patient's medical records after business hours. Emergency refill requests may be honored, but they are subject to a \$50 fee that is not covered by your insurance.
5. Patients not seen for over 3 months will need to be seen in the office before medications will be refilled. Dr. Drell needs to see you in person to review progress, side effects, update labs and adjust your medication is necessary. This is for your safety.
6. Payments for phone calls to your insurance provider or pharmacy management company for prior authorizations may be subject to a reasonable fee, usually \$25. The fee is not covered by your insurance company.
7. **CONTROLLED SUBSTANCE AND 90 DAY PRESCRIPTIONS:**  
Controlled substance prescriptions or 90 day prescriptions should be obtained during office visits. If you have not been seen in the office for 30 days, there will be a nominal charge (\$10-\$15) to process refill requests of 90 day prescriptions or medications that require controlled substance prescriptions, such as Ritalin, Adderall, Concerta, etc. The fee is required for the physician to review your chart, document the appropriateness of the refill and write the prescription or email it through a portal determined by the DEA. Requests should be called to our office staff 3 working days in advance and picked up in a timely manner. Note that controlled substance prescriptions expire in 21 days.
8. **FORMS AND LETTERS:**

Patients frequently request letters for school, work, special accommodations, legal matters, etc. during or in between payments. Please keep in mind that your appointment is scheduled for the purpose of assessing your progress in treatment and response to medication. If time permits, some forms or letters may be completed in your allotted appointment time. If you have a request for a letter to be written, you may schedule time with Dr. Drell in order to compose the letter. (Continued on next page) Your fee will be determined by the length of time and level of complexity required to complete the service.

Simple (less than 5 minutes)	\$25.00
Moderate (10-15 minutes)	\$50.00
Lengthy (20-30 minutes)	\$100.00
Complex (30-60+ minutes)	\$250.00 to \$350.00+/Hr

**POINTS TO REMEMBER**

1. It is advised to not drink alcohol of any kind while on psychiatric medications.
2. If your medication should make you drowsy, or if it slows your reaction time, do not drive or operate dangerous machinery and notify Dr. Drell. Also notify Dr. Drell, if your medication causes side effects or unexpected allergic reactions.
3. Notify Dr. Drell if there are any significant changes in your condition.
4. If you feel like you are any risk for hurting yourself or others, PLEASE NOTIFY Dr. Drell and your therapist immediately.
5. Notify Dr. Drell if you suspect or know that you are pregnant or if you plan to become pregnant in the near future, as it may affect the medications, which can safely be prescribed. Some medications (like Tegretol or Trileptal) may make oral contraceptives less effective; others may cause birth defects.
6. Some medications cause weight gain and have an increased risk of diabetes, elevated cholesterol, and triglycerides. Please understand monitoring your weight through healthy diet and exercise are necessary to take control your health and minimize unwanted medication side effects. Laboratory work may also be necessary.
7. You may want to consider self -paying for your treatment to maintain your confidentiality. We do not know what insurance companies or their employees do with the information we provide them to obtain insurance pre-certification or payment. Many patients have had difficulty obtaining new medical insurance or life insurance, if they have received a diagnosis or have been prescribed medications. (See Confidentiality Statement Form)
8. We are here to help you. Do not hesitate to call if you have any questions or concerns.
9. I have read and understand the above Office Policies and Points to Remember and had an opportunity to discuss these points and ask any questions of Dr. Drell and/or his staff.

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Patient or Responsible Party's Signature

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Date

