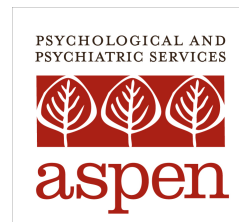


Mark A. Welch, D. O. Board Certified in Psychiatry
Board Certified in Sleep Medicine

Theresa Anderson, N.P
Psychiatric Nurse Practitioner



Welcome to my practice! Below is my Medical Care Contract:

Confidentiality: Legal and ethical standards require **all treatments to be confidential**. Pertinent clinical information will be released only with WRITTEN consent. The law requires certain exceptions in which information may be shared with other parties, specifically for actual or potentially dangerous behavior toward yourself or others, child or elder abuse, in some court proceedings, or if you commit a crime specifically within the doctor-patient relationship. The signature below gives permission to communicate with physicians, police, and therapists **ONLY** in emergency situations.

Appointment times: Please be **on time** for your appointment. If you arrive late, I am not able to extend your appointment time and this will subsequently detract from your allotted time. Session appointments vary from 15 to 50 minutes. All efforts will be made to see you at the appointed time, but if emergent circumstances from the doctor arise and cause delays, you will still be seen if you stay in the office. If you leave, you may be charged for a missed appointment.

Cancellations: Due to the number of patients in my practice and my limited office hours, **I maintain a "24-business hour" cancellation policy**. A cancellation without the 24 business hours cancellation will result in you being charged a fee of \$75.00. Two or more late cancellations or missed appointments, or excessive appointment changes, may result in treatment termination. If more than **three months** pass without phone contact or an appointment, the doctor-patient relationship will be considered voluntarily ended by you and you must call this office to arrange further treatment. This is a part-time medical practice and business hours are Tuesdays and Thursdays from 9AM to 6PM.

Scheduling: When offered an appointment time, please attempt to call back to confirm or reject this time within 24 hours of the message you receive from my office.

Billing: If requested, you will receive a monthly statement from my billing office reflecting all charges and payments. Please call us **with any and all billing questions**. Full payment is expected for your portion at the time of service, Cash, Check, VISA, or MasterCard only. Special arrangements must be discussed with Dr. Welch/Ms. Anderson in advance. It is understood that you are responsible for all charges. You are expected to pay for the first session, unless insurance benefits have been verified. At follow-up visits, after you pay the co-payment and deductible, we will bill the balance to your insurance. If your insurance, for any reason, does not pay the full amount verified, the remaining balance is your responsibility. A balance existing >30 days will accrue interest at a rate of 1 ½ % per month (or 18% per year), consistent with American Psychiatric Association guidelines. Delinquent accounts will be sent to collections. Charges are incurred for excessive non-emergency calls (not covered by insurance), with prior notification by Dr. Welch/Ms. Anderson.

Medication Refills: My office refills medications via fax with your pharmacy. Please do not wait to call us after you're out of medication. Instead, please call your pharmacy 7 days before you run out of medication so that they have an appropriate amount of time to contact my office. **If you run out of your medication, please call your pharmacy first; they will subsequently contact my office.** My office will refill medications within 2-3 business days after pharmacy contact. Prescription refills are only for patients who have an upcoming appointment.

Correspondence: Any correspondence that is outside of routine clinical issues (e.g. treatment forms for your insurance company, letters to your primary care physician) will be billed at the rate of \$250 per hour. Disability paperwork will be completed with a fee of \$10.00 per page. Unless previously discussed and under truly EXTRAORDINARY circumstances, **I DO NOT** do extensive disability forms, correspondence with attorneys, etc.

Emergency Contact Procedures: Dr. Welch is available by emergency pager at (909) 423-2180 (for Ms. Anderson 909 385 9444. Please page immediately for severe suspected side effects to treatment, pregnancy, and thoughts of killing yourself or others or for other serious problems. **Dr. Welch/Ms. Anderson do NOT adjust medications or provide psychotherapy over the phone.** If Dr. Welch/Ms. Anderson is unavailable another physician will return urgent calls. For **serious emergencies CALL 911** or go the NEAREST Emergency Room **ASAP**. PRESCRIPTION REFILLS ARE NOT URGENT. They are only by FAX or electronically via your pharmacy, as noted above. Non-emergency phone calls received during business hours are usually returned within 2 business days. Dr. Welch/Ms. Anderson do not provide inpatient hospital services.

Your signature below indicates that you have read, understand and agree to the above policies.

Date: _____ Signature: _____

Print name: _____