Office Policies

Receipts for Fee for Services will be given at the time of the appointment.

Co-pays and deductibles are due at the time of treatment. In addition we do not bill secondary insurance, therefore it is the patient’s responsibility.

The normal business hours of the office are from 1pm to 7pm Monday through Friday and 9am to 4 pm on alternate Saturdays.

**MISSED APPOINTMENTS ARE NOT COVERED BY INSURANCE**

Unless cancelled at least 24 hours in advance, our policy is to charge for missed appointments. Each “no show” will be charged $50 and payment will be required at the time of your next appointment. Late cancellations will follow the same rules as “no shows”, except that accommodations will be made for true emergencies, if you call to cancel.

Please help us serve you better by keeping your scheduled appointments. If you miss or cancel an appointment it is your responsibility to reschedule.

If you do not call to reschedule your appointment within thirty days, then your file will be closed.

**COMPLETION OF FORMS**

If you have a form to be completed, please bring it to your appointment to be filled out. If we have not seen you in the last three months, we will not have current information and may be unable to fill out your form. If a form needs to be completed outside of your appointment time, there will be a $25.00 charge for time spent completing the forms.

**Medication Policy**

Our office makes every effort to call in prescriptions in a timely manner; we ask that you give us 48 hours to do this. We cannot assure you that prescriptions will be called in to the pharmacy in less than 48 hours. Please do not wait until you are completely out of medication to call the office. Please check your medication BEFORE appointment to minimize calls between appointments for refills.



**PATIENT RESPONSIBILITIES**

I understand that medications prescribed should be taken as directed and I should not stop or change doses unless advised by my physician. By signing this form I acknowledge that I will be the only use one pharmacy to fill prescriptions. In addition, I agree that Dr. Saurabh Gupta , or his covering physician, will prescribe all my psychiatric medications, and I will not obtain prescriptions for these medications from another prescriber without his knowledge. Violation of these rules will result in dismissal from the practice.

For female patients: I understand that certain medications may be problematic during pregnancy, and I agree to use an approved method of birth control and to inform Dr. Saurabh Gupta of any plans to get pregnant.

If there are any questions regarding these policies, please contact the office at SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 