

OFFICE POLICIES

Directions: Read this document in its entirety. Write your initials next to each "X". Sign and date the last page of the document.

Thank you for scheduling an appointment with Dr. Elaine Mateo. As part of your relationship with Dr. Mateo, a clear comprehension of our office policies is important so you will understand office procedures, individual responsibilities, financial liability and the extent and limits of various forms of communications. These policies may be updated over time for which you will be notified.

X _____ **Appointments**

- Appointments are to be scheduled and rescheduled by calling the office at (404) 448-3394.
- As a courtesy you will receive a text/email appointment confirmation ahead of time; however, it is the patient's/guardian's responsibility to keep track of the appointment to avoid charges for missed or canceled appointments.
- Appointments can be cancelled by Dr. Mateo if the patient is more than 10 minutes late to their appointment. The patient will be subject to the full charges.

X _____ **Cancellations/Missed Appointments**

If an appointment is missed or canceled less than 24 hours in advance the patient/guardian will need to pay for the entirety of the appointment as if it had taken place.

- Monday appointments must be canceled by 5:00 pm on Thursday in order to avoid a charge.
- After 2 missed appointments within 1 calendar year, we will require a \$200 deposit before scheduling another appointment.
- After 3 missed appointments within 1 calendar year, the patient will be dismissed from our practice.

X _____ **Charges & Payments**

- Payment is due at the time of service. Checks and all major credit cards are accepted forms of payment.
- Be aware that you will still be responsible for making the payments for your appointments even if the guarantor is someone other than yourself.

- Arrangements for payment can be made in advance by placing a credit card on file.
- The guarantor will be responsible for paying all charges including those for missed appointments.
- Current Rates
 - New Patient Evaluations: range of \$325-\$400
 - Follow Up Visits: range \$200-\$275
 - Telephone calls between appointments: \$60-\$175, depending on the length and complexity
 - Forms: \$25-\$35
 - Letters: \$25-\$100

X _____ Medication Refills

- Medications will be refilled at each appointment if it is clinically appropriate so that the patient will not run out before their next appointment.
- If a patient runs out of medication due to a missed appointment,
 - non-controlled medication (s) will be refilled one time only (if deemed clinically appropriate by Dr. Mateo) until the next appointment.
 - controlled medication (s) will be refilled one time only for up to 30 days (if deemed clinically appropriate by Dr. Mateo) and an appointment must be made within that timeframe to be evaluated in person.

Medication refills will not be prescribed in the following cases:

1. After office hours
2. Over the weekend
3. During holidays
4. For individuals who repeatedly miss appointments
5. If there's suspicion of abuse of medication

X _____ Prescriptions for Controlled Medications

- These medications are considered as class II substances by the DEA and regulated by the federal government.
- Lost prescriptions will not be replaced. If you lose a prescription you will need to wait until your next scheduled refill.
- Early refills of more than 2 days can't be authorized.

X _____ E-mail Communication

- If you decide you would like to exchange brief email messages with Dr. Mateo you will need to sign and return to us the “Consent for E-mail Communication” form. You will find this form on our website www.efmateo.com.
- Be aware that neither email address dr.mateo@efmateo.com nor diane.seale@efmateo.com are secure.

X _____ Telephone Communication

- Non-urgent calls will be returned within 48 hours or earlier if possible.
- In an emergency do not use E-mail or text messaging.
- Text messaging is NOT an acceptable form of communication.

X _____ Emergency Procedures

- If you have a life threatening emergency call 911 or go the nearest emergency room for immediate services. You may also call the Georgia Crisis and Access Line at 1-800-715-4225 or the National Suicide Hotline at 1-800-273-8255 (1-800-SUICIDE).
- If you have a clinical emergency that is not life threatening call the office number (404) 448-3394 and indicate the nature of the emergency. Please note that medication refills are not considered an emergency.

X _____ Consent to Provide Treatment

- Dr. Mateo may provide treatment in the form of medication therapy, psychotherapy, laboratory testing, diagnostic procedures, and other appropriate treatments.

You have the right to:

1. Be informed of and participate in the selection of the treatment methods and plan.
2. Receive a copy of this and all consents as well as request your records.
3. Withdraw any consent at any time

PATIENT/GUARDIAN ACKNOWLEDGMENT

I acknowledge that I have read and fully understand Dr. Mateo's office policies. I understand and have been explained the financial policies include charges and payment options. I understand the risks associated with the communication of email and telephone between Dr. Mateo and myself. I have been explained the limitations of Dr. Mateo's availability to the patient and emergency procedures. Any questions I may have were asked and answered.

Print Patient's Name: _____

Legal Guardian (if applicable): _____

Signature of Patient or Legal Guardian:

_____ Date: _____