

## NOTICE OF PATIENT POLICIES

Aaron Alaniz - After Hours Psychiatry

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**THIS NOTICE DESCRIBES GENERAL RULES OF OPERATION OF AFTER HOURS PSYCHIATRY, PLLC.** Rules are subject to change without notice, and final decisions involving patient care, billing, and termination from clinic (if applicable) are at the discretion of Aaron Alaniz, MD and After Hours Psychiatry, PLLC.

### **Payment Policies:**

- Payment for services, including insurance copayments, is due at the time of service. See "Fee Schedule" for itemized list of costs.
- If a check is returned due to insufficient funds, you will be charged an additional fee of \$25.
- Unless arrangements are made for a payment plan, all accounts that are outstanding for more than 90 days will be sent to our collections agency.

### **Appointment Cancellations:**

- If an appointment is canceled with at least 48 hours notice, the patient will not be penalized.
- A cancellation within 48 hours of the scheduled appointment, or failure to appear at your scheduled appointment, will result in a fee of the full normal visit rate.
- Neither Medicare nor commercial insurers will reimburse for missed appointments, so the patient is personally responsible for any fees levied because of a missed appointment.
- Exceptions will be dealt with on a case by case basis and are at the discretion of the doctor.
- Though After Hours Psychiatry accepts cash, check or credit cards, a valid credit card must be left on file regardless of type of payment chosen. This is to be used to bill for additional costs as needed (such as for missed appointments, billing for telephone calls, etc. Please see "Fee Schedule" full list).

### **Emergencies/After Hours:**

- For Non-Emergency psychiatric questions, messages may be left for M.D. 24 hours a day. These calls are normally returned within 2 business days (though times vary depending on call volume).
- **In the event of an emergency (including suicidal thoughts, homicidal-thoughts severe medication reaction, or other event requiring immediate evaluation), you must either dial 911 or go to the nearest Emergency Room.**

**Calls**

Calls may be answered by a recording [or answering service]. Please see "Communication Policy" for details about accepted forms of communication, and risks of electronic communication (including, but not limited to email, voicemail, text, phone).

**Termination of the Doctor-Patient Relationship:**

Failure to follow the prescribed treatment plan, failure to keep routine appointments and/or failure to meet financial obligations may result in termination of services. Medical records will be provided to your physician upon receipt of signed medical release form.

\*\*\*Termination may also occur for rude behavior or any circumstances that would prohibit an appropriate doctor-patient relationship, as determined by the doctor.

\*\*\*Please be aware that scheduling an appointment will not constitute the formation of a doctor-patient relationship. By signing this form, you agree that such a relationship will not be formed until AFTER the first appointment (full Psychiatric Evaluation) has been completed. Aaron Alaniz, M.D. and After Hours Psychiatry reserves the right to decline formation of the doctor-patient relationship at this time, and may refer you to another provider for any reason. In such cases, no medications or other treatments will be started.

BY SIGNING THIS FORM, I AM ACKNOWLEDGING THAT I HAVE READ, UNDERSTAND AND AGREE TO ALL OF THE ABOVE.

Patient's Full Name and Date of Birth

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Patient's Email Address

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Patient's Signature and Date

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