

Nissa Perez, M.D.
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(408) 854-8180
www.drnisaperez.com

Office Policies and Procedures

Consent for Treatment and Treatment Issues

- The first three appointments constitute a consultation.
- All treatment is strictly voluntary and you may choose to stop treatment at any time you wish.
- If you experience any problem(s) with medication and/or psychotherapy, it is your responsibility to inform Dr. Perez of the problem(s).
- **Medication refills** should be dealt with during appointments. For extenuating circumstances, please ask your pharmacy to **send the request electronically to my office Monday through Friday 9am to 3pm and allow a 24 hour turnaround time.**

Limits of Confidentiality

- All aspects of evaluation and treatment are strictly confidential except in the following situations as mandated by law:
 - o Cases in which you may be a danger to yourself or others.
 - o Cases in which you are unable to care for yourself.
 - o Suspected cases of child, elder or vulnerable person abuse.

Payment Policies

- Payment for services, including an insurance copayment, is due at the time of service.
- Dr. Perez's fee schedule follows and is subject to future increases:
 - o Initial Evaluation: \$400
 - o Follow-up (25min): \$200
 - o Follow-up (55min): \$300
 - o Dr. Perez is a contracted provider for Anthem and United Behavioral Health; please speak with your insurance company and Dr. Perez's office about your financial responsibility under your specific plan.
- If a check is returned due to insufficient funds, you will be charged an additional fee of \$25.
- **Appointments cancelled less than 48 hours before the scheduled time will be charged for the full price of the appointment. Please note, insurance companies do not pay for missed appointments and so you will be responsible for the full insurance contracted rate.**
- Patients who arrive 15 minutes late or longer to an appointment will need to reschedule and will be responsible for the cost of the appointment as above
- The medical record request fee is \$25
- Please note Dr. Perez has opted out of Medicare and thus claims cannot be submitted by the office or the patient to Medicare. If you have Medicare please notify Dr. Perez so a private contract can be created.

I have read, understood and agree to all of the terms of the office policies and procedures.

Signature of Patient

Date

Printed Name