

Michael C Gordon MD LLC
1800 Water Place, Suite 100
Atlanta, Georgia 30339

Office Policies

BROKEN APPOINTMENTS: If you have a scheduled appointment, please make every effort to keep your appointment. In cases of sickness or emergencies, appointments can be cancelled and rescheduled. Otherwise we ask that cancellations be made within 24 hours of the scheduled appointment time. This allows us to use that time for other patients who might need this time. In the case of missed appointments, or appointments not cancelled within 24 hours, a fee will be charged for the allotted time. This fee will be the regular price of the appointment scheduled based on the amount of time set for your appointment. Insurance will not cover this fee and it will be your responsibility. This fee must be paid prior to the next appointment.

SELF PAY DISCOUNTS: Patients without insurance coverage will be given a discounted fee for services provided by the office. These fees must be paid in full at the time of service; they cannot be broken into monthly payments. No future appointments will be scheduled if payment is not received at the time of service.

Discounted rates are as follows:

90792	New patient evaluation	\$300
80301	Alcohol/drug screen	\$30
99213	Standard Med Check	\$100
99214	Extended Med Check	\$128
90832	20-30 min Therapy	\$128
90834	30-40 min Therapy	\$180
90837	45+ min Therapy	\$230

LATE ARRIVALS: Occasional late arrivals happen to everyone, especially with Atlanta traffic. If you see you are going to be more than 15 minutes late for your appointment please call ahead so we may take the next person in. In this manner we will be better able to work you into the schedule when you do arrive. Consistent late arrivals will require that you reschedule your appointment.

PRESCRIPTION REFILLS: Prescription refills are the responsibility of the patient and should be addressed during appointments. If a prescription refill is needed please contact your pharmacy and have them fax or email the refill request to the office. **DO NOT CALL THE OFFICE FOR ROUTINE REFILLS.** For medications that cannot be called in, make sure you have scheduled your follow up appointment before you run out of medication. **ALWAYS ALLOW 24**

- 48 HOURS FOR REFILLS TO BE COMPLETED BEFORE CONTACTING THE OFFICE AGAIN.

PRIOR AUTHORIZATIONS FOR MEDICATION: Insurance companies often require a prior authorization be completed before a prescription can be filled. This requires ample use of staff and physician time to complete and depending on the insurance company can take 24 to 72 hours before a decision is made. Please be aware of the time limitations and allow time for the PA to be completed. Due to the time requirements by staff and/or physician a fee of \$25 will be required to complete this service. This must be paid prior to the PA being started.

DRUG SCREEN POLICY: At the initial evaluation and from time to time during treatment, patients will be asked to submit a urine specimen for analysis of drugs/alcohol. The results of these are used to verify that no unauthorized substances are being used as well as making sure prescribed medications are being taken as directed. The cost of these screens will be \$30 and only covers our supplies and staff time and must be paid at the time of service. On occasion, your physician may send the sample to an outside lab. If so we will provide your insurance information to the lab to file for payment. Should you receive a statement from the lab you will need to address this with the lab as their charges are separate from ours. The Georgia Medical Board requires that any physician writing prescriptions for controlled substances, such as Suboxone, pain medication, and ADHD medication must perform a urine drug screen at a minimum of once every three months. However, insurance companies will no longer cover these services in the office which is why we charge to cover our supplies and time.

TELEPHONE CONSULTATIONS: On occasion, at the patient's request or due to inability to come into the office, a telephone consultation may be done with the doctor. The charge for this service is based on the time spent with the doctor and is not covered by insurance. This will be your responsibility and should be paid at the time of service either by debit or credit card. (If that is not possible other arrangements can be made.)

DISABILITY FORMS/LETTERS/REPORTS: Disability forms, letters of documentation, and other narrative reports may be required from time to time. The charge for these services starts at \$35 and go up dependent on the length of information provided.

Patient Signature: _____

Date: _____