

# MEDICATION COMPLIANCE POLICY

All patients receiving controlled medications must consent to random urine toxicology screenings. Failure to do so could result in discharge from our clinic, controlled medications are, but are not limited to stimulants, benzodiazepines and opioid dependence medications.

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## FINANCIAL POLICIES

Professional services and rates: Our professional services and rates are as follows:

Professional Services	Times	Rates MD/DO	Rates for NP/PhD	Rates for LCSW/LMFT
Initial Visit	30-40 min 60 min Therapy	\$500.00	\$350.00	\$200.00
Follow Up	15-20 min 60 min	\$350.00	\$200.00	\$160.00
Missed Appointments	No Call/ No Show	\$60.00	\$60.00	\$60.00

Forms, letters, and other non-specific

Forms, Report Writing (Treatment summaries, disability, letters, etc. Conservatorship Forms)	Prorated	*Varies by document	*Varies by document	*Varies by document
Court-Related Services: ( any court-related services, including evaluation, depositions, conferencing, testimony, preparation, standby and travel time,	Prorated Half-Day minimum for court attendance or standby status. Retainer required in advance. Retainer Fee To be paid prior to court date.	\$800.00 (Varies by Case)	\$400.00 (Varies by Case)	\$400.00 (Varies by Case)
		\$2000.00 (Varies by Case)	\$1000.00 (Varies by Case)	\$1000.00 (Varies by Case)

reports to be used for legal purposes etc.				
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## FINANCIAL TERMS

Please note, you are responsible for obtaining prior authorization for treatment from your insurance company. In addition, you are responsible for all co-pays and insurance services when rendered. Furthermore, I understand I am responsible for charges not covered by my insurance. I further agree if at any time during my treatment. I become aware that I am ineligible for insurance coverage. I will notify the office of such changes.

## PAYMENT TERMS AND UNCOVERED SERVICES

I understand I will be charged the cash rates for services required outside of the treatment sessions. I will be charged a fee for conservatorship, petitions, disability forms, or any letter that is required for medical leave. Please be advised, should it become necessary for Mind Care Services to employ an attorney.

## PAPERWORK/FORMS REQUEST POLICY

Please speak with your provider prior to requesting any forms/letters. Requests will be completed within 7-10 business days. **NO EXCEPTIONS.**

Office staff will contact you once forms/paperwork/letters are completed.

Fees are to be paid at the time of request, NO REFUNDS GIVEN.

FMLA/EDD-Initial/Extension	\$50.00
Extension/Recertification	\$25.00
SSDI Questionnaire	\$150.00
Physician's Statement Form	\$50.00
DMV-Driver Medical Evaluation	\$100.00
USCIS Forms (Immigration)	\$300.00
Capacity Declaration Form (Conservatorship)	\$500.00
Emotional Support Pet Letter (Must provide proof of vaccination and registration)	\$350.00
Letters-Treatment, Diagnosis/Time Off/Misc.	\$20.00
Other Court Related Documents	Varies

I acknowledge that I been informed of Mind Care Service's policy regarding Forms/Paperwork/Letter Requests and fees applicable; and I agree to all outlined in this form. If you have any additional questions regarding forms, please speak with front office staff.

Signature..... Date .....