

**G. William Salbador, MD, PC**  
**Adult & Geriatric Psychiatry**

**OFFICE POLICIES AND INFORMATION**

**FEES**

The initial psychiatric assessment involves about 1 to 1 ½ hours of information gathering. This does not include reviewing other doctor's notes. The follow-up rates are based on time spent. Telephone calls requiring physician assistance will be billed accordingly. Dr. Salbador reserves the right to request payment in advance for consultations and other related services. While our office accepts payment from the insurance company, you possess primary obligation of payment. In the event of nonpayment or a need to take legal action for collections, you will be financially responsible for any expenses incurred to collect overdue balances. You are additionally responsible for any mandatory services required by a third party (e.g., subpoena or court testimony). You will be responsible for no shows. You will be billed on a monthly basis; however, your co-payment is expected at the time of session. After 90 days, if no payments have been received and no alternative arrangements have been made; bills may be referred to a collection agency. Although no specific information regarding treatment will be revealed, your billing for therapy sessions and the information from the patient information sheet will be released to the agency. Please be aware that once your account is forwarded to a collection agency, our office is no longer in a position to negotiate your payment schedule. More importantly, please be informed that this process may adversely affect your credit status. \$250 in collection fees will be added. If there is a balance we will charge \$25 per month. A fee of \$50.00 plus the bank's returned check fee will be charged for returned checks (for example, for non-sufficient funds –NSF).

\_\_\_\_\_ Initial acceptance of fees

**APPOINTMENTS**

Cancellation of scheduled appointments should be avoided. If you cannot make the appointment you must cancel within 48 hours in order to avoid no show or cancellation charges. We reserve the right to charge a fee of \$250 for the first no show or late cancel of your reserved appointment with less than a 48-hour reschedule notice. After the first no show or late cancel, you will be charged the full price of the session. Please be informed that insurance carriers cannot be billed for missed appointments. If you have an emergency, please contact us right away. Cancellations can be phoned into the office at any time day or night. We have voice mail available 24 hours a day, 7 days a week for your convenience.

\_\_\_\_\_ Initial acceptance of appointment cancellation policies

**INITIAL EVALUATION APPOINTMENT**

The first visit is very important in clarifying the treatment plan and whether the doctor and patient are a good match to continue working together.

**TERMINATION OF CARE**

Care may be terminated by the doctor or the patient at any time. The most common reason for the doctor terminating care is non-compliance from the patient. If care is terminated by the doctor, emergency services and prescription refills will continue to be available for 30 days to allow the patient time to find another doctor.

**PRESCRIPTIONS**

Please give 72 business hours’ notice for prescription refills. A \$100 lost prescription fee will be charged per prescription for reissuing a hardcopy prescription. Lost prescriptions for controlled substances must be documented. If stolen, a police report is required. This policy protects both you and Dr. Salvador.

**INSURANCE**

If you are using health insurance benefits as payment for these services, you need to be aware of what this means. Your health plan requires cooperation between client, provider and insurance company to provide services as efficiently as possible. Many insurance policies authorize a limited number of sessions to work on your problem as intensely as possible with the focus of eliminating acute symptoms. I am contracted with a number of these managed care insurance companies to provide my services within these conditions. Sessions beyond those initially authorized is usually obtained by submitting a treatment plan to a utilization review committee or a case manager and sessions are authorized as determined to be medically necessary.

Please understand that insurance coverage is an agreement between you and your insurance company to pay a portion of your health care. This office will not accept responsibility for collecting your insurance claim or negotiating a settlement on a disputed claim. You are responsible for payment of your account with the limits of our credit policy, regardless of the status of your insurance. Insurance co-payment amounts are requested to be paid at the time of the office visit. As a service to you we will complete and submit insurance claims. Please be aware that some insurance carriers may not cover all mental disorders and clinical problems (e.g., marital counseling, etc.). It is your responsibility to make sure that your third party payer covers your mental health concerns. Moreover, it is important to note that insurance companies often require prior authorization. It is important that you check with your insurance company to see if a referral or prior authorization is required.

**Dr. Salvador does not accept Medicare or OHP.**

**EMERGENCIES**

In the event of an emergency, mental health provider may be reached through his voice mail, 24 hours a day, at (541) 677-2607 or call 911.

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Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent, Guardian, or Legal Representative

\_\_\_\_\_  
Date