

MEDICAL PRACTICE COMMITMENTS AND EXPECTATIONS

Ms. DiMeglio's chief goal is to run an effective, efficient Center for all of our patients. *Being up-front and direct with you at the start of our work together is meant to ensure a mutually satisfying treatment relationship.* Please carefully review the following items and sign at the end of the document to indicate your agreement with them. If you have any questions or concerns, please let us know so that we may address them. Thank you.

[OBJ]

KEEPING APPOINTMENTS

We will attempt to place a courtesy call to remind you of your appointment. However, it is ultimately *your* responsibility to keep the appointment you have scheduled with Ms. DiMeglio.

We require one business day's notice if you decide to cancel or reschedule your appointment. This will allow us to schedule another patient into that time who may need to be seen quickly, since our schedules are usually booked several weeks in advance. We consider a late-cancelled appointment (i.e., an appointment cancelled with less than one business day's notice) to be the same as a missed appointment.

If we have to postpone your appointment due to a reason on *our* part, we will do our best to get you in quickly for your rescheduled appointment.

Keeping your appointments is an *extremely* important part of your treatment. Multiple late-cancellations or completely missed appointments are, in our experience, most often due to a patient not considering their treatment a priority or being dissatisfied in some way with their treatment provider. *Keeping this in mind, if you late-cancel or completely miss two appointments (or a combination thereof) within an eight-week period, we will give you the names of other qualified psychiatric providers with whom you may be able to develop a treatment relationship which better suit your needs.*

We value your time and will do our best to run on time for your appointments. However, please keep in mind that situations arise that require our extra time and attention in person or by telephone and may cause us to run late.

PAYMENT FOR SERVICES

If you use private insurance or Medicaid, we require payment of the portion of your bill not covered by your insurance at the time of each of your follow-up appointments. If you are being seen and have two private insurances (i.e., you have "double coverage"), or use Medicaid/Denali Kidcare combined with any type of supplemental insurance, no payment is necessary at the time of your follow-up appointments.

Given that timely payment for our services is expected, if your account with us becomes more than 60 days past due, we will expect you to set up a payment plan through our billing service. *Should your insurance status or personal financial situation status change such that you foresee having difficulty paying your bill, let us know immediately. Once you have engaged our services, it is important to us that you are able to continue. We will attempt to work with you through our billing department to make that happen.*

If your account becomes 90 days past due without any attempt on your part to set up a payment plan, or if you do not abide by your payment plan, we reserve the right to cease providing services to you. All accounts reaching the 90-day mark will be turned over to a collection agency. All fees associated with the collection of accounts will be at the client's expense. In that event, we will provide you with the names of other qualified psychiatric providers with whom you may seek treatment.

“MANAGED CARE” PARTICIPATION

Any Pre-certification requirements that Ms. DiMeglio’s agrees to do, on your behalf, must be done as a scheduled appointment, and with the client present. This is to ensure that you are fully aware of any information being released to your insurance company. We reserve the right to refuse any pre-certification requirements that we find excessive.

Please keep in mind that you will be billed for the time spent on “pre-certifications.”

PRESCRIPTIONS AND PRESCRIPTION REFILLS

Part of your treatment *may* include the use of a prescription medication if it appears to be indicated, has been thoroughly discussed with you, and you decide to use it.

We require four (4) business days’ notice to process all medication refill requests. Please plan accordingly. If you have run out of refills on a particular prescription, please call your pharmacy and ask them to fax us a prescription refill request. Of course, you may always call the office directly to request refills; however, the faxing route is the most expedient.

TELEPHONE CONTACT – DURING AND AFTER HOURS

Unless prompted by Ms DiMeglio we request all contact be with client or parent and in person. It is important for Ms. DiMeglio to see the disposition and presentation of the client to appropriately diagnosis or recommend treatment. If it is impossible to attend an appointment the client will be charged for any telephonic interaction. ***Be aware that most insurances will not pay for these interactions and we may request payment prior to contact. These contacts will be billed by the 1/4 hour and a rate of \$95.00 per quarter hour.***

Non-life threatening interactions after hours will be billed accordingly.

CLIENT’S 18 YEARS AND OLDER

Client’s who turn 18 while under the care of Ms. DiMeglio must sign releases of information (ROI) to include an identified adult, be it a parent or guardian. This ROI will be treated as an emergency contact or unless otherwise designated on the ROI.

College bound clients will be transitioned to appropriate medical care to included the identified educational facility’s student health center or a private clinician. Ms. DiMeglio will attend to client’s medication needs for no more than three months from last face to face appointment in Anchorage. During this three month transition, Holly will require the client to maintain contact monthly via a secure TeleMed (please inquire about details) until care can be established in the clients location.

All clients who turn 21 years of age will be transitioned to a adult provider with three months of their twenty first birth date. The last medication prescription will be written on the second month to end by the third month.

I HAVE REVIEWED THE COMMITMENTS AND EXPECTATIONS SET FORTH IN THIS DOCUMENT AND AGREE TO ABIDE BY THEM WHILE I AM WORKING WITH HOLLY S. DiMEGLIO, ANP, RN.

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Holly S. DiMeglio, ANP, RN

Advanced Nurse Practitioner—Pediatric/Psychiatric Specialty

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PATIENT'S SIGNATURE	PRINT NAME	DATE
PARENT/GAURDIAN SIGNATURE	PRINT NAME	DATE