

FINANCIAL POLICY

Our policy is a necessary part of assuring the financial resources required to maintain this vital health care service for our patients and the community.

Charges for mental health services (such as co-pays) are due *at the time of treatment* unless other arrangements have been made with the billing department or your therapist. We accept cash or check, and VISA, MasterCard, and Discover cards.

If you will be using health insurance, it should be understood that this is an agreement between you and your insurance company. Your insurance company may request certain records from your file; our office is required to release the information requested.

YOU ARE RESPONSIBLE FOR:

1. Knowing your benefits (i.e. Number of psychological sessions allowed per year, if this is a calendar year or a fiscal year, if your therapist is covered at the in-network rate or the out-of-network-rate, the amount of your yearly deductible and the co-pay per session, etc.)
2. Pre-authorizing psychological care by calling your insurance carrier and telling them the name of the doctor you will be seeing. You may also need to provide a referral from your primary care physician.
3. Tracking the number of sessions used for any given authorization. Please know that some insurance plans will allow a set amount of sessions per year that are divided among psychiatrists, psychologists, social workers, or any other mental health care provider.
4. Tracking any changes in your benefits or insurance coverage and informing your therapist.

If these steps are not taken, your insurance company may not provide payment for your sessions and you may be held responsible for the bill that accrues. Your therapist may assist you in any of the above responsibilities, as time allows.

Our billing department will bill your insurance company accordingly. There will be a service charge on any check returned from the bank for non-payment.

- Balances **over 60** days past due will incur a 3% monthly interest charge.
- Accounts over **180** days delinquent may be sent to a collection agency.
- Patients who have a balance over \$500 or who are **over 90 days** delinquent **will not** be treated until a predetermined payment has been made. Prescriptions will be refilled for a 30 day supply, but thereafter, a new provider must be found.

We reserve the right to send negligent accounts to collections and terminate care with our practice.

We require at least a 24 hour notice for canceling an appointment or you may be charged for the session. Your insurance company does not cover the cost of a missed session.

If you have any questions, please feel free to discuss them with our business office.

Signature

Date

Privacy Notice

We are required by law to maintain the privacy of your medical information. We are also required to notify you of our legal duties and privacy practices regarding your medical information, and to follow the terms of this notice. Our office holds your medical information confidential but will use it for:

TREATMENT - We may share information with other medical professionals in your care. Examples include: your primary care doctors, nurse, home health provider, and pharmacy. We may share information with a family member or friend who assists with your care, but only if you agree. If you are unable to agree of object, we may disclose information if it is in your best interest based on our professional judgment.

PAYMENT – We may share information with others to bill and collect payment on your account, and to obtain eligibility and preauthorization.

HEALTHCARE OPERATIONS – We may disclose information for quality improvement, training of medical personnel, licensure, audits, and to send you information.

Other ways the office may disclose information would be to other physicians during emergencies, to protect a patient in cases of abuse or neglect, for legal proceedings, and when required by law.

PATIENT RIGHTS

THE RIGHT TO ACCESS YOUR RECORDS – Patient has the right to view and obtain copies of their own records.

THE RIGHT TO REQUEST RESTRICTIONS – Patient can put restrictions on who has access to their records.

THE RIGHT TO CONFIDENTIAL COMMUNICATIONS – Patient has the right to receive communication about their records in a confidential manner.

THE RIGHT TO AMEND THE RECORD – Patient can request amendments to their records when they disagree with the content, but at the same time, physicians have the right to deny those requests. If your request is denied, we will provide you written explanation. You may respond with a statement of disagreement, which will be added to the information you want changed.

THE RIGHTS TO AN ACCOUNTING OF DISCLOSURES – Patient have the right to know everyone that our office disclosed information to.

We reserve the right to change our privacy policies at anytime.

Patient Signature

Date

Gerard M. Zanolli, MD
5236 California Avenue SW Suite B
Seattle, Washington 98136
P- 206.938.4200 F- 206.938.4201

Professional Background, Training and Philosophy:

I am a Board-Certified Psychiatrist and Child Psychiatrist licensed to practice medicine in Washington State. I am a member of the American Psychiatric Association, the American Academy of Child and Adolescent Psychiatry and their respective Washington State branches. I completed a combined residency-fellowship in Psychiatry-Child Psychiatry at Kansas University in Kansas City, KS in 1997, and earned my medical degree at East Tennessee State University in Johnston City, TN in 1992. Many factors (including biological, psychological, and social) influence behavior. Medication and various types of therapy (e.g. Behavioral, Cognitive, and supportive) are used or recommended by me for treatment.

Appointment Fees:

Initial evaluations are scheduled for one hour to clarify problems to lead to diagnosis and treatment recommendations. Follow-up visits consist of: 15-20 minute appointments for medication management; 20-30 minute or 45 to 50 minute appointments for therapy, or a combination of therapy and medication management. Please give 24 hour notice for cancellations of appointments; otherwise you may be billed for the full amount. I accept most forms of private insurance, but it is your responsibility to check with your insurance company regarding your coverage and benefits. My fees are in accordance with other Psychiatrists and Child Psychiatrists in the area.

Co-Pays and self-payments are due at the time of service. We accept credit, debit, or benefit cards at this time with the VISA, MasterCard, or Discover logo on the front.

Letters, telephone calls, etc, will be billed at an hourly rate. Please contact my billing service if you have any questions regarding charges.

***** Our office has the right to terminate patient care at any time – reasons *include*: late cancellations (less than 24 hour notice), and/or “No Shows” (Not appearing for an appointment with notification). We do our best to notify our patients of upcoming appointments, however it the **sole** responsibility of the patient and/or guardian of the patient to make, cancel, and/or confirm scheduled appointments if needed.**

Medication Refills:

Requests will be filled during normal business hours and may take up to 48 hours. Please ask your pharmacist to contact me for prescription refills. If you are due for a follow up appointment, one should be scheduled before I may authorize a refill. Some medications (such as Ritalin, Concertta, or Adderall) can not be refilled or called in by phone. For these, a follow-up appointment should be made unless other arrangements were made in advance. Refills for medications may be charged at a \$10 rate due to patient’s inability to come in for a timely appointment before medication runs out.

Privacy Notice:

I keep records of the health care services I provide you. You may ask to see, copy, or correct that record. I will not disclose your record to others unless you ask me to do so or authorizes or compels me to do so. You may see your record or get more information by contacting the office manager.

I have read and agree to the above terms:

Signature

Date