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**OUTPATIENT SERVICES CONTRACT**

Welcome to my practice. This document contains important information about my professional

services and business policies. Please read it carefully and jot down any questions that you

might have so that we can discuss them at our next meeting. Once you sign this, it will

constitute a binding agreement between us.

**INTEGRATIVE PSYCHIATRY SERVICES**

As part of your integrative psychiatry evaluation, I will start with a full evaluation that will last at

least one 90 to 120 minute session, but may require an additional session or two to complete if

there is a lot of information to gather. At the following session we will discuss treatment plan

options. These may include discussing medication and their risks versus benefits (although you

should know that I only use medications on a very limited basis if at all), psychotherapy, and

nutrition. It may also include, if you are interested, suggestions for complementary modalities

including use of natural supplements, as well as various breathing, yoga, mindfulness,

hypnotherapy and energy psychology techniques. If complementary modalities are of interest to

you as a path to wellness, we will discuss the potential benefits and risks of each of these just

as we would with conventional medication choices. If you prefer not to incorporate these

complementary modalities into your treatment plan, **that is entirely your choice—and your**

**responsibility to let me know**. This is a collaborative effort and journey that requires your

participation. It is your responsibility to evaluate this information along with your own

assessment about whether you feel comfortable working with me. l f you have questions about

my procedures, we should discuss them whenever they arise. If your doubts persist, I will be

happy to help you to secure an appropriate consultation with another mental health

professional.

**SELF-ASSESSMENT FORM**

Before your evaluation, it is important that you complete the Self-Assessment Form in as much

detail as possible. The information not only will be of use during your assessment, it also will

help organize your thinking about your psychiatric history and reason for present visit, and help

me to better understand you and your needs. If there is a question on the form that you do not

wish to answer or cannot answer, l eave it blank.

**PROFESSIONAL FEES**

The fee for the initial evaluation is $575. My subsequent hourly fee is $225. Half hour appointments are $125. If you have an appointment scheduled and choose to only stay for part of the scheduled time that is your choice, but the hourly fee will still be charged as that time was set aside for you. How you choose to use it is up to you. In addition to appointments, it is my practice to charge this amount on a prorated basis for other professional services you may require such as report writing, telephone conversations which last longer than 5 minutes, consultations with other professionals which you have authorized, preparation of records or treatment summaries or the time required to perform any other service which you may request of me.

**FEE STRUCTURE**

My practice is fee-for-service. Payment is expected at the time of service, unless we agree

otherwise. I accept check, cash and credit card. A fee of $30 will be charged for any returned

checks. Extended payment plans are available in certain cases.

lf your account is more than 60 days in arrears and suitable arrangements for payment have

not been agreed to, l have the option of using l egal means to secure payment, including

collection agencies or small claims court. (If such l egal action is necessary, the costs of

bringing that proceeding will be included in the claim.)

**INSURANCE REIMBURSEMENT: *Working with your Insurance Company*** Health services

may be covered in full or in part by your health insurance or employee benefit plan. Although I

am considered out-of-network for all insurance carriers, many of my patients are able to obtain

reimbursements from their insurance carriers. Most PPO policies will reimburse between

60-80% after your deductible is met, however, out-of-network benefits vary among carriers.

Clients will receive a Super Bill with all the information needed to seek reimbursement from

traditional insurers or from health care spending accounts. Figuring out what else might be

required of the insurance companies is up to you. These statements are typically sufficient to

obtain reimbursement.

You should also be aware that most insurance agreements require you to authorize me to

provide a clinical diagnosis, and sometimes additional clinical information such as a treatment

plan or summary, or, in some cases, a copy of the entire record. This information then becomes

part of the insurance company files and I have no control over what they do with it.

***Why I do not contract directly with insurance companies***

I have found that the current insurance payment system makes it impossible to devote the time

necessary to fully meet my patients' needs. Insurance companies limit treatment and care

options and restrict the time a physician can spend with their patients. I choose not to work

directly with managed care insurance companies to ensure my clients maximum privacy and to

maintain flexibility and time in treatment planning. The mission of my practice is to help patients

at a deeper level than the usual brief medical encounter allows.

**CONTACTING ME**

I am often not immediately available by telephone. While I am usually available between 9 AM

and 3 PM, I will not answer the phone when I am with a client. When I am unavailable, please

leave a message on my answering machine or a text message and I will get back to you as soon as possible. If it is a quick question regarding a time of appointment feel free to text me and I will able to respond more quickly. I will make every effort to return your call or text within 24 hours with the exception of weekends, holidays, vacations, and calls made after office hours. If you are difficult to reach, please l eave some times when you will be available.

**In the case of an emergency, if you cannot reach me, or you feel that you cannot wait for**

**me to return your call, you should go to the emergency room at the nearest hospital and**

**ask for the psychiatrist on call**.

**CANCELLATION POLICY**

I understand that events arise and appointments cannot always be kept and must be

rescheduled. I request, however, that you **call 24 hours in advance** so that time may be

rescheduled for another client. **The policy is to charge for late cancellations and missed**

**appointments in full**. These charges must be paid before the next scheduled appointment.

Obviously, there are situations that cannot be anticipated and these may be discussed at the

next visit.

**DISCHARGE POLICY**

If three or more appointments are missed without cancelling in advance my policy is to

discharge you from the practice. Please make every effort to either keep your appointment or

call 24 hours in advance to cancel to avoid this.

**MEDICATION REFILLS**

**Refills will only be given if you have been seen within the last 3 months or within the**

**time discussed with your provider. You must provide the office with 7 days notice**

**in order to obtain a refill**. If you require a refill the same day, after hours or on the weekends,

you will be charged a $25.00 fee for that service. Medications are also not changed over the

phone. In order to get a different medication a visit to your provider is required.

**BENZODIAZEPINE and STIMULANT POLICY**: In general, I do not prescribe these

medications although in some cases I will help you taper off of them over a reasonable and

appropriate time frame and provide you with alternative options. Research clearly shows that

these medications

are not safe to be taken for long periods of time. Should you be on one of these medications

and require a refill, my policy is that **you must be seen in order to obtain your script.** It is

your responsibility to make sure you set up an appointment before your medications run out. **I**

**will not write refills for these prescriptions at the first visit**, so please plan to have another

doctor prescribe those for you.

**CONFIDENTIALITY**

In general, law protects the confidentiality of all communications between a client and

practitioner and information can only be released to others with your written permission. There

are also a number of exceptions to confidentiality. There are some situations in which I am

legally required to take action to protect yourself or others from harm. If I believe that a child,

elderly person or disabled person is being abused, I must file the appropriate state agency. If I

believe that a client is threatening bodily harm to another, I am required to take protective

actions, which may include notifying the potential victim, notifying the police or seeking

hospitalization for the client or to contact family members or others who can provide protection.

These situations rarely occur, but if they should I will make every effort to fully discuss it with

you before taking any action.

Should you have questions about these policies, please discuss them at your first session.

**I have read and understand the service contract above. Once you sign this, it will constitute a binding agreement between us.**

Signature of Patient: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: ­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_