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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. If 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, leave it blank.

PROFESSIONAL FEES

The fee for the initial evaluation is \$575. My subsequent hourly fee is \$195. 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.

If your account is more than 60 days in arrears and suitable arrangements for payment have not been agreed to, I have the option of using legal means to secure payment, including collection agencies or small claims court. (If such legal 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, most 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 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 be 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 leave 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 3 (three) 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 _____