

RONALD MAGAT MD, LLC OFFICE POLICIES AND PROCEDURES

1. **24 HOUR CANCELLATION POLICY:** This means if Dr Magat does not receive notice outside of 24hours prior to your cancellation of your appointment time, you will be charged the full rate that you would pay for the purpose of your visit (for Tuesday appointment cancellations, you must cancel before 6p Sunday evening as the office is open Tuesday through Friday). You are responsible for payment in full. Dr. Magat's office does generate discreet reminders prior to your visit via email, but in the event this fails, ultimately it is your responsibility to remember the date and time of your appointment. If you do not want email reminders, please notify us. **Office Hours are Tuesday through Friday 8am-4pm.**

2. **Payment and Fees:** Payment is due at the time of service. You may pay in check, credit card, or cash (however, Dr. Magat does not carry a cash box and will not be able to provide change if needed). Ronald Magat, MD LLC is a fee for service practice. You may choose to have your insurance assist you with payment by submitting a claim **after** the visit. Dr. Magat's extent of helping you with this process is providing you with a "superbill" at your request. It is recommended to contact your insurance to see if you have "out of network mental health benefits", what these entail, and how to file a claim. Ultimately, you are responsible for full payment of services rendered.

Services and Fees*

Psychiatric Evaluation \$700

Therapy session 45min \$250

Medication Management alone 15-20min \$130

Returned Check Fee/Bounced Check \$30

Lost Rx or Replacement Prescription \$20

Genesight Testing Office Processing Fee \$50

Phone Calls: less than 5min no charge, Brief (up to 20min) \$50, Extended (>20min, treated as a regular visit) \$100-200

Miscellaneous including Prior authorizations (\$30) (see below and item 7.)

*For special arrangements/emergency visits outside of regular office hours, Dr. Magat may make additional accommodations for you at his discretion. Please be advised that fees are subject to change during the course of your treatment.

Forms, letters, etc. Any written report that Dr. Magat prepares for you at your request will be billed according to the time required to prepare the report (**\$10/10minutes**). Whenever you request that records be provided to another individual, copy fees will apply to hard copies (**\$1/page**). **Conference ph calls** after initial eval (teachers, other providers, etc. <10min no charge, afterwards **\$10 + \$1 per min**). Any request for a prescription, letter/paperwork to be mailed: **\$5**

If the amount due/previous balances remain unpaid, your treatment will be suspended and further requests to the office of Dr. Magat will not be honored until your balance is paid in full. You will need to find another psychiatrist/therapist or refer back to your insurance plan to find another psychiatrist/therapist within your insurance network. Unpaid balances may be turned over to a collection agency.

3. **Contacting Dr. Magat:** Dr. Magat gets notified if he has received a routine message on his voicemail and will return the phone call as soon as he can. If for some reason, you cannot reach him directly and your emergency is life threatening, you are directed to call your primary care physician, 911, or the nearest emergency room and ask to speak with the psychologist or psychiatrist on call. You may also call the Georgia Crisis and Access Line at 1-800-715-4225 or the Peachford Hospital Hotline at 770-454-2302. **Dr. Magat does not correspond via email.**

If you are running out of medication and need another refill prior to your next appointment with Dr. Magat, please provide **72hr notice** to receive your rx in a timely manner. For stimulant medication or other DEA schedule medications, Dr. Magat will give at most a three month supply. Should you need a refill for any medication, you are to notify Dr. Magat directly—**do not use your pharmacy to request refills.** Please be advised that Dr. Magat is not obligated to refill your medication if you are non-compliant with your treatment plan and/or have an outstanding balance with the practice. **If you have a change in your contact information (phone number, email, address, etc) or pharmacy it is your responsibility to inform us.**

RONALD MAGAT MD, LLC OFFICE POLICIES AND PROCEDURES (cont'd)

4. Therapy with minors: In the course of therapy with your child, it is important for Dr. Magat to gain his/her trust for therapy to work. Although legally you have access to your child's record, please understand that in order for your child to build this trust, material revealed in one to one sessions should be maintained confidential between Dr. Magat and your child. However, if it is determined by Dr. Magat that your child is doing things or is exposed to things that are life endangering, parents will be notified. If your child turns 18 during the course of treatment, he/she will need to sign a release of information for me to correspond with parents.

5. Collaboration with other providers: Dr. Magat would like to ensure collaboration with your child's or your health team, whether they are primary care doctors, therapists or schools. Dr. Magat will request that you sign a release of information to share confidential material at your discretion with other providers for optimal care. You may rescind these releases at any time. Please also notify us of any changes to your health team or your child's school where new releases of information are needed.

5. Forensics Policy: The policy for Ronald Magat MD, LLC for legal issues such as subpoenas are as follows: Should Dr. Magat be subpoenaed to appear in court or provide testimony via phone, a charge of \$2000 will be applied **per day** of legal obligation no matter how much time is involved to fulfill the obligations of the subpoena. This fee is in place because court appearances/testimony may involve indefinite times of the working day requiring cancellation of previously made appointments of other clients. The \$2000 amount is to be paid to Ronald Magat MD, LLC prior to services rendered via money order, credit card, or cash.

As mentioned previously, if the amount due/previous balances remain unpaid despite given notice, treatment will be suspended or terminated and you may be referred to another psychiatrist/therapist or referred back to your insurance plan to find another psychiatrist/therapist within your insurance network. Unpaid balances may be turned over to a collection agency.

6. Establishment/End of the Patient/Doctor Relationship: You/your child are not considered a patient of Ronald Magat, MD LLC until you are seen in person and the initial evaluation is initiated/completed and a treatment plan is recommended. You assume full responsibility for yourself or your child if you choose not to follow through with the recommendations of your treatment plan which may result in the termination of the relationship at Dr. Magat's discretion.

7. Medication/Prior Authorizations: In the course of your treatment, Dr. Magat may prescribe specific medication(s) on the basis of your evaluation and unique needs. **It is your responsibility to obtain your medication(s).** You may need to check with your insurance first to see if the medication(s) is covered by your insurance and/or you can afford them. To maximize the care of the clients he sees, Dr. Magat does not prefer to deal directly with insurance plans. In the event prior authorization is required, Dr. Magat may discuss alternative options based on your insurance coverage or assist you with obtaining prior authorization (if no alternatives). **The flat fee for the paperwork and time is \$30.** Keep in mind that submitting a prior authorization application does not guarantee that your insurance will approve the requested medication.

8. Miscellaneous: Recording of sessions with recording devices or "apps" on smart phones are strictly prohibited. Dr. Magat does not fill out any paperwork for "emotional support animals" but would be willing to do so for certified trained service dogs.

I have reviewed both pages of the office policies and procedures of Ronald Magat MD, LLC

Patient Signature (parent/guardian if minor) _____ Date _____

Printed Name (parent/guardian if minor) _____