

Policies and Procedures

Please read carefully

Bill Procedure:

Generally, I will be expected to pay in full upon completion of my visit, unless other arrangements are agreed to between Dr. Pejic and me. Failure to pay in full will result in no follow-up appointments until I pay my balance. The office may charge my credit card on file in the event of a late cancellation (< 24 hours), missing an appointment or having an outstanding balance. Also, I understand that if I do not want my credit card billed for this purpose, I am still responsible for these fees and will be billed accordingly. A receipt for services rendered will be available at each visit and may be used to file a claim with your insurance company. You must request this receipt at the time of your visit. Otherwise, Dr. Pejic will keep your payment record on file.

Assistant:

I understand that Dr. Pejic discusses some features of my case, such as billing, diagnosis codes, prescription refills and medical records with his administrative assistant, Charlene Rodrigue. I understand that he uses discretion when discussing such topics and is sensitive to maintaining privacy and confidentiality.

Appointments:

I understand that I am responsible for making my own appointments via the scheduling system on Dr. Pejic's website. I understand that if I have trouble with this system that I may call the office and ask the assistant, Charlene, for help or she may schedule the appointment.

Cancellation/Missed appointments:

I am expected to give the office 24 hours notice of cancellation of my appointment by phone call or to cancel the appointment myself via Schedulicity. I understand that failure to give 24 hours notice for cancellation for half hour appointment will result in \$75 charge (\$100 for second; \$125 thereafter) and \$150 for hour appointment and \$200 for a New Patient appointment and House Calls. If I am consistently late, cancel or do not show for my appointments, Dr. Pejic reserves the right to terminate my treatment and refer me to another physician.

I understand Dr. Pejic will charge \$200 the day before my first "New Patient" appointment as a deposit toward my total fee. If I fail to show for this appointment I will forfeit the deposit of \$200 as a missed new patient appointment fee. I understand that Dr. Pejic blocks 90 minutes from his schedule to evaluate me and this is the reason for such a fee.

Communication/Scheduling:

I understand that Dr. Pejic communicates via Skype, Gmail, Mobile Me, Therapynotes.com, and Schedulicity to provide care and to schedule appointments. I understand that Dr. Pejic and his assistant (only) have access to my information via these password-protected sites. I understand that there could be unforetold security breaches beyond office control, which is a risk of using this technology. If such a breach occurred, Dr. Pejic will contact me immediately via email. I understand that Dr. Pejic keeps my credit card information locked in secure encrypted files online.

I understand that I must call Dr. Pejic's office for all urgent calls and that I must not use email for urgent or emergent situations. Dr. Pejic checks email makes an effort to check email regularly; however, I have the option of calling the office if I have not received a reply within 72 hours.

Urine Drug Screens: Patients being treated for addictions will periodically be asked to give a urine sample to test for illicit drugs. This test will cost approximately \$20/test. If I refuse the test, Dr. Pejic reserves the right to terminate treatment and refer me to another physician.

Records and Letters: I understand that the clinic charges \$20 to fax/copy your records and charges \$125 to write a formal letter upon request.

Refills for Prescriptions: I understand that I must call my pharmacy and request a refill for a refill prescription. The pharmacy can fax the refill request to 504.265.9393. The administrative assistant, Charlene, will consult with Dr. Pejic and then fax my prescription in to the pharmacy. I understand that I should not wait until the last pill to make this request and that there is a 24 to 48 hour waiting period to receive a refill (unless an emergency).

Medication refills may be requested between 8:30 a.m. and 3:00 p.m. weekdays and will be called into the pharmacy on the same business day the request is made. Requests after 3:00 p.m. will be recorded on the following business day. When requesting a refill, please provide: Your name, your date of birth, name of medication requesting, dosage, and pharmacy telephone number.

Prescriptions may only be called in for patients who are current patients and who maintain their regularly scheduled appointments.

I understand that there is a charge of \$25 for after hour (5pm-7am) or weekend urgent prescriptions refills.

I understand that for controlled substances (ie Suboxone, Adderall, Ritalin) Dr. Pejic must see you every one to three months and will not call these medications in to the pharmacy unless its an emergency.

After Hours and Emergency: For urgent questions after hours, I may call 504.899.1682 and press "0" to call Dr. Pejic's cell phone directly while indicating the urgency and nature of my call. Dr. Pejic will return my call as soon as possible. For frequent afterhour care, I understand a charge of \$25 per call will be applied. For emergencies (such as concerns of harming myself or others), I will call 911 or go immediately to the nearest emergency room to be evaluated by a physician. I will use email to urgently or emergently contact Dr. Pejic.

Termination Policy:

Patients are under no obligation to continue services should they decide to terminate at any time. However, Dr Pejic strongly urges that the he be notified in person regarding this decision so that it can be discussed openly.

Acceptance of Policies and Procedures:

Dr. Nicholas Pejic and his assistant are committed to providing professional services of the highest quality and standards. If I have questions I understand that I may discuss these policies prior to signing with Dr. Pejic or his assistant. In order to serve me efficiently and responsibly Dr. Pejic requires that I agree to the above policies. I have read the policies, understand, and agree with them.

Name: _____ Date: _____

Signature: _____