

**PATRICK ELLIS DO**  
**PSYCHIATRY & NUTRITIONAL MEDICINE**

520 24th Ave. S.W. · Norman, OK 73069  
Office 405.701.5666 · Fax 405.701.5667

**POLICIES and PROCEDURES**

**APPOINTMENTS and PHONE CALLS**

The office is open from **8:30 a.m. to 12:00 and 1:00 to 5:00 p.m. Monday - Thursday**. After hour telephone consultations are reserved for emergency situations only. If calls with the physician utilize more than 5 minutes discussing care, the time beyond 5 minutes will be billed separately to the responsible party at the prorated hourly fee. Messages left on the machine after hours will be returned the next business day. Calls received on weekends will be returned on Monday.

*Please do not bring additional children and dependant family members. The waiting area is small and reserved for patients and their care providers. Those perceived to be loud and disruptive will be rescheduled to a time when they can arrange appropriate childcare.*

**PRESCRIPTIONS and REFILLS**

New medications will not be prescribed over the telephone, please schedule an appointment. *For medication refills between appointments, please ask your pharmacy to fax a "refill request" to our office at 701-5667.* Please allow at least 24 business hours for completion. If an appointment is missed, medication refills will be authorized AFTER a makeup appointment is scheduled. To receive refills by fax, the next appointment must be on the schedule.

**TOTAL COSTS**

Initial session--\$300.00

Established Patient Comprehensive—\$200.00

Established Patient Detailed-- \$130.00

Established Patient Moderate-- \$100.00

**A 24 hour notice is required for all cancellations** to avoid a charge for the cost of the session.

**\*New patient initial sessions require 48 hour cancellation for deposit refund.**

**INSURANCE REIMBURSEMENT**

If you have a health insurance policy it will usually provide some coverage for mental health treatment. This office will file forms and provide any assistance we can with insurance. However, you (not your insurance company) are responsible for full payment of the session fees.

**BILLING and PAYMENTS**

Payment for each session is received at the time of the visit. Payments are received in the **full** amount at the time of the visit for out of network care and the insurance company is billed. If/when a credit occurs, the credit is utilized prior to any further payment from the patient or their family. If a child is brought by anyone other than you, payment will be received from that adult in the usual manner.

For those paying for visits for an older teenager or young adult patient, it is necessary to send the payment with them as it will be collected also at the time of service.

**PAPERWORK**

Any forms or letters will be completed in session with you. If any such needs are urgent, then the time required to complete the paperwork will be prorated and payment will be received at the time of completion.

**SHARED CUSTODY**

If you share custody of your child with another parent, and both are interested in participating in his/her care, you must both attend each visit. I will not be able to repeat information at a later time about your child's care. Any outstanding balances or amounts owed will be due at the time of the visit, no matter which parent is present or financially responsible.