

ROBERT BRUCE COWAN, JR., M.D.

Psychiatrist

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Policy Statement, Contract and Consent for Treatment

My approach to problem solving is a blend of biological, psychological and family systems perspectives. My practice is limited to office consultations for evaluations, treatment planning, psychotherapy and medication management. I also perform independent medical examinations and second opinion consultations.

I allocate 45' to 60' for initial evaluations, 45' or 30' for psychotherapy and 20' or 30' for medication management meetings. I include, as part of my service, phone calls for changes of appointment and reporting medication side effects. Calls for unscheduled services such as crises, lost prescriptions, and medication taken above the prescribed dose will be billed @\$75 minimum charge. Prior authorizations for medication will be billed @\$10, unless they are complicated and then will be billed in increments of \$10 for each occurrence and up to a maximum of \$40. _____(INITIALS)

I look forward to providing you with timely and appropriate diagnosis, treatment planning and psychotherapy. Upon request, I will dictate an evaluation report or brief letter, which summarizes my findings. This dictation will be done during session time. Preparation of documents regarding medical leave, disability and other matters will be done during session times when feasible and by appointment only.

Common goals are: change or development with appointments 2-4 times per month, maintenance with appointments monthly to annually, and stabilization in a time of crisis with appointments 1-2 times per week based on availability.

I am generally fully scheduled two weeks in advance, so it is helpful to schedule appointments at least one month in advance. I keep a list of patients waiting for appointments.

When you need to cancel or change appointments, I ask for as much notice as possible, but at least two business days. Cancellations with less than 24-hours notice (Short Cancellations – SC) or a failure to keep an appointment (FKA), will be billed at the time of service rate for the scheduled amount of time. I may one exception for an emergency. In order to maintain future scheduled appointments, I expect a call within two business days or will cancel those future appointments. If a patient has a second SC or FKA, I will expect them to maintain a credit balance. I bill these scheduled services at a retail rate of \$415 per hour.

We should plan to review your prescription needs at the beginning of each session to minimize pharmacy phone calls. If you need a refill before your next scheduled appointment, you should call me and have your pharmacy fax me a refill request.

_____(INITIALS)

For emergencies, call my office number and listen for the on-call physician phone number or my pager number.

Payments that are 45 days in arrears will be turned over to collections. Fees will include a \$100 late fee, interest at 18% (1.5% per month), any appropriate attorney's fees, court costs and other related costs. The fee for a returned check (NSF) is \$35 plus bank charges. Once you have had an NSF, further payments will be expected in cash. We will transfer medical records only on accounts that are paid in full. Failure to pay your account in full or make arrangements for payment will be considered as termination of our doctor-patient relationship. _____(INITIALS)

In compliance with a new healthcare privacy act (HIPAA), your medical records are confidential. (With your signed insurance waiver (if applicable), we will use X-Pert Administrative Services, LLC to electronically file insurance claims.) A copy of the act is available for your review upon request in the waiting room.

I have reviewed the above policy and agree to the conditions herein and give my consent for treatment. (Please retain a copy of this Policy Statement for your records.) **PAYMENT IS EXPECTED AT TIME OF SERVICE BY CASH OR CHECK. PLEASE BRING YOUR CALENDAR AND CHECKBOOK TO EACH APPOINTMENT.**

Signature

Date

Name (Please Print)

January 2018