

## **Practice Guidelines**

Above all, my goal is to provide outstanding care to my patients and their loved ones. Part of this is achieved in finding an accurate diagnosis and a treatment plan that works for you. In my mind, however, the most important part is the trust and relationship you form with your doctor.

Please read the following information about my practice. It is important that you have a good understanding of how my practice functions, in order to help you decide if this arrangement works for you and so that your expectations are in line with our guidelines.

### **Initial Visit:**

Our initial appointment will be a chance for us to get to know each other, and should be considered initially as a consultation. If either you or I feel that it may not be a good match I will provide referral sources.

### **Insurance:**

My practice is a solo private practice and I do not currently accept any health insurance, including Medicare. This is to insure that the care I give you is tailored to your needs and well-being, rather than following guidelines set by an insurer.

Before scheduling your appointment, ***please contact your insurance carrier and inquire about your out-of-network benefits and percentage of reimbursement.*** Dr. Laura Wakil is considered an “out of network provider” for PPO plans. If you have a health benefits policy, it will usually provide some mental health coverage. However, you, not your insurance company, are responsible for full payment of the session fees. ***We will not bill your insurance directly.*** If you plan to use your insurance benefits, we will provide you with an invoice for services (a “superbill”) that you may be able to submit to your insurer for reimbursement.

Many PPO plans do provide some reimbursement for mental health provided by an out of network provider, so you may get a substantial portion of our fees back from your insurance company, depending on your specific plan. Please be aware that most insurance agreements require you to authorize me to provide a clinical diagnosis, and sometimes additional clinical information such as treatment plan or summary, or in rare cases, a copy of the entire record. We are required to submit this information on your behalf if you choose to obtain insurance reimbursement.

### **Fees:**

Full payment is due at the time of service. I accept payment by cash, check, or credit card. I retain the right to alter my fee schedule with 30 day notice.

Initial 80 min evaluation: \$315.00

Follow up 50 min appointments: \$250.00

Follow up 25 min appointments: \$150.00

### **Billing and Payment:**

You will be expected to pay in full for each session at the time of service. Credit cards, personal checks and cash are accepted. You will be provided an invoice for your records. **\*\*Please note, there is a \$25 fee for any returned check or declined credit card.**

**Cancellations and No Show Policy:**

All patients are required to keep a credit card on file (see the Credit Card Authorization forms). Once your appointment is scheduled, you will be expected to pay for it unless you provide at least **24 business hours** advance notice of cancellation. Business hours are considered the weekdays between Monday and Friday, during the hours of 9 am and 5 pm. If you do not provide at least 24 business hours notice, or fail to show for a scheduled appointment, you will be responsible for the **full** cost of the session. Please note, insurance companies will often not reimburse for missed sessions or sessions that are cancelled late.

**Contacting Me:**

My office phone number is 858-261-2940 and my personal cell phone that I give to clients only is 415-722-8377 in case we need to speak outside of normal business hours. Routine matters such as prescription refills, appointment changes, and other non-urgent issues will be dealt with Monday through Friday 9 am to 5 pm.

I monitor voicemail frequently and will return your call as soon as possible. I make every effort to return your call on the same or following business day with the exception of after-hours, weekends and holidays (unless the call is urgent). When you call, please leave times and phone numbers where you can best be reached. If you have a true medical emergency, you can call your family physician, the Emergency Room at the nearest hospital, or 911 and describe your circumstances. You can also go to any Emergency Room at any hospital. If we will be unavailable for an extended period of time, and I will provide you with the name of a trusted colleague whom you can contact if necessary.

**Phone Call Policy:**

I am happy to speak with you by phone about matters that can be handled during the course of a phone call lasting 5-10 minutes or less and do not charge for such brief consultations. If you would like to have a longer telephone consultation, I would be happy to schedule a phone consultation.

**Email Policy:**

According to the Final Omnibus Rule, patients are allowed to receive email communication if patients are made aware that there are risks to transmitting confidential protected health information through email, encrypted or otherwise.

I do check my practice email regularly and will return emails within 2 business days with the exception of after hours, weekends and holidays. If there is an urgent matter, please **DO NOT** use email, and instead leave me a voice message. Please be aware that relevant emails may be entered into your medical record.

My practice email is encrypted and secure, so you may email personal information at this email:

**[drwakil@sdwellnessmed.com](mailto:drwakil@sdwellnessmed.com)**

**Texting Policy:**

I do not routinely use texts with patients as part of my practice, as it is not secure or confidential. An exception may be if you need to let me know you are running late to an appointment, or can't make an appointment, etc. but otherwise, especially for private clinical matters, please do not use text messaging.

**Medication Refill Requests:**

You may either ask your pharmacy to fax a refill request to 760-683-6387 or email your request with medication name with dosing instructions to my email.

**Schedule II Medication Refill or New Prescription Requests:**

Please note that if you are on a Schedule 2 controlled substance (these include stimulants such as Adderall, Vyvanse, Ritalin, Concerta, or Provigil/Nuvigil) these cannot be called in to your pharmacy and so I must give you either a paper script or I can e-prescribe to pharmacies that will accept electronic prescribing of controlled substances; however pharmacies are now requesting in addition that I speak with them to verify that I wrote the order. This can cause a delay in filling your medication so for all Schedule 2 medications please provide a minimum of 5 notice of when you will need refills. Due to new guidelines regarding the prescribing of controlled substances I cannot provide refills on Schedule 2 medications, and you must be seen regularly if you are on a Schedule 2 medication you need filled.

**Any Controlled Substance (Schedule II, III, and IV) Information:**

In California, if you are on a controlled substance medication (stimulants, certain anti-anxiety medications, sleep medications, or pain medications) when you fill a prescription for those medications the information will be transmitted to the CURES 2.0 (Controlled Substance Utilization Review and Evaluation System) system which is a "database of Schedule II, III and IV controlled substance prescriptions dispensed in California serving the public health, regulatory oversight agencies, and law enforcement. CURES 2.0 is committed to the reduction of prescription drug abuse and diversion without affecting legitimate medical practice or patient care. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) and confidentiality and disclosure provisions of California law cover the information contained in CURES 2.0. Access to CURES 2.0 is limited to licensed prescribers and licensed pharmacists strictly for patients in their direct care; and regulatory board staff and law enforcement personnel for official oversight or investigatory purposes."

**Other Services:**

I do not charge extra for routine emails or phone calls related to your care, including calls to other providers. If I have concerns about excessive time spent on emails or phone calls outside your appointment time, I will discuss with you first. I also reserve the right to charge for letters, such as disability evaluations, testing accommodation, and lengthy reviews of medical records or lab work, etc. though do not routinely charge for such things unless the work exceeds 15 minutes, in which case an invoice will be provided to you.

At any time during treatment, if I no longer feel that your treatment with me is beneficial, with 30 day notice I will provide you with referrals to other providers.

Your signature below indicates that you have read the treatment consent form, which contains information on our practice policies, including cancellation and no-show policies, billing and payments, insurance reimbursement, contacting us, and termination, and you agree to abide by its terms during our professional relationship.

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Print Name

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Date

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Sign Name