

# T. ATILLA CERANOGLU, M.D.

## OFFICE POLICY STATEMENT

### APPOINTMENTS

All sessions are arranged by appointment only. Please be prompt to best use your time as sessions cannot be extended if you arrive late. Appointment information for school visits and legal work is provided separately upon request.

### CANCELLATIONS

To help me serve my patients effectively with the limited number of sessions available, I require advanced notice of one full business day (24 hours) for cancellations and reschedules, except for Snow emergencies and child or caregiver illness. Monday appointments require notification before 5:00 p.m. the preceding Friday. Also, any appointment following a holiday requires notification of cancellation before 5:00 p.m. on the preceding business day. **You will be charged 50% of the full fee for the cancelled or missed session unless I receive such a notification.** Please be aware that insurance companies will not reimburse for missed visits, making you responsible for the charged fee.

### TELEPHONE

Telephone contacts are a routine and expected part of medical care. Brief calls will be handled Monday through Friday from 9 AM to 5 PM. **A fee on a pro-rated basis of my usual hourly fee will be charged for a telephone contact longer than 5 minutes.** Calls to my office are answered by a 24-hour voicemail system. In emergencies I can be reached by following the urgent notification instructions in the voice mail. Due to the nature of an outpatient practice it may not be possible for me to respond immediately. If a situation requires an immediate response please call 911, or go to the nearest hospital emergency room.

### FEES & PAYMENTS

My regular charges are based on thirty and fifty-minute sessions and is comparable to those charged by other specialists with similar qualifications in this geographic area. Charges differ depending on the nature of the service delivered. Inquiries regarding my fees should be directed to me. Payment in full is due at time of service and is payable by check, cash, Visa, MasterCard or American Express. Any collection, legal fees, or costs necessary to collect unpaid balances will be your responsibility. Substantially overdue accounts will be sent to a collection agency after a warning letter.

### MANAGED CARE/INSURANCE

Since I do not participate in any insurance plans, **it is your responsibility to verify that your plan will cover my services.** If you carry health insurance covering any service that I offer, it is your responsibility to carefully review your insurance coverage prior to your office visit. Policies are often confusing and rarely pay everything. There is sometimes confusion because I am listed on some panels due to past and current hospital affiliations; however, my private practice, "T. Atilla Ceranoglu, MD, PC" is a separate entity and should be regarded by insurers as out-of-network. Please understand that I have no payment agreement with any insurance company. Insurance benefits are a matter between the patient, i.e. the insured, and his or her insurance company. I am not a Medicare provider and do not participate in Medicare. It is your responsibility to follow any plan requirements that apply to you. I will provide you with documents including standard information required for insurance forms for you to use during filing your claim. Most plans limit the services for which they will reimburse. If you request or agree to a service for which reimbursement is later denied by your insurance company or its agents (i.e. not preauthorized, considered medically unnecessary, beyond benefit limit, etc.), then you assume responsibility for paying the entire balance. You should know that insurance companies may request treatment information from me and if you want to use your healthcare benefit to partially pay for my services, then it is likely that the release of confidential treatment information will be required before payment is made. Once released, I no longer have control over where confidential information goes or how many people see it.

### PROCESS OF TREATMENT

It is impossible to predict how much treatment will be needed. A typical course for family of an adolescent or young adult who is having emotional issues would involve an initial evaluation and several individual and family sessions over the first few weeks. Treatment goals will be discussed with you based on concerns or problems you are presenting. It is important to understand that the process of psychotherapy can be uncomfortable at times before your goals are reached. For certain conditions medications can be helpful in treatment and this can be discussed in your sessions. Successful therapy is the result of a joint effort and a good working alliance. However, much of the responsibility for change remains with you. If you are dissatisfied, I hope that you will discuss your concerns with me.

### CONFIDENTIALITY

You should have received a copy of my privacy practices. I maintain a record of your treatment. You have certain rights with regard to accessing that record. Inquiries about access to your records must be directed to me. All issues discussed in the course of therapy are strictly confidential with the following exceptions:

1. Consultation with other current health care providers, if pertinent to treatment.
2. Instances where the patient may be an imminent threat to self or others, unable to take care of basic needs, or in cases of suspected child or elder abuse.
3. When ordered by a court.
4. Some treatment information such as name, diagnosis, date of service and charge is routinely given to insurance or managed care companies to facilitate reimbursement. Some companies request more information for treatment authorization.

I do not participate in any court related evaluations. Similarly, I will not participate in any evaluation where my medical or psychiatric opinion will be used in a legal or forensic process, including custody hearing or evaluation.

If you have any questions regarding these issues or others, I encourage you to discuss them with me. Thank you.

**I have read and agree to the above.**

Signature \_\_\_\_\_ Date \_\_\_\_\_