



GHADEER OKAYLI, M.D.

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www.gopsychiatry.com

Office Policies

Welcome to GO psychiatry. We are glad to provide you with state-of the-art psychiatric care you deserve. Below is information you need to know and process before your first appointment. Please call our office for any questions.

Confidentiality:

Texas law provides that a professional may disclose confidential information only to medical or law enforcement personnel if the professional determines that there is a probability of imminent physical injury by the patient to himself or others, or if there is a probability of immediate mental or emotional injury to the patient.

Copies of your medical records are never allowed to leave this office without your signed re- lease authorization form and approval of your treating physician. My staff members completed training involving confidentiality and protection of your privacy . They will not release any in- formation without your approval.

_____ ***I understand and agree on the confidentiality rules of Dr. Ghadeer Okayli.***

Name:
Signature
Date:

Communication with us:

We are excited to have established an online medical records system through RXNT which provides you full access to patient portals. We need you email to connect you to your portal. Communication through the portal is the fastest way to get a response.

Frequent reasons for phone calls are prescription refills, prior authorizations and appointment scheduling. You can request all on your patient portal. In case of a life-threatening emergency, for example suicidal thoughts or intentions, please call 911 or go to the nearest Emergency Room, THEN, contact our office. We can't guarantee a response within the same business day.

For non-life-threatening inquiries, please contact our office through your portal or

phone (512)632-6003, or fax us at (512)991-9632 during business hours Monday-Friday 8:00am- 5:00pm. Please leave at least 24hours for us to respond.

Communication requests during weekends and holidays will be answered the next business day following the holidays. Please make sure all your needs are met prior to holidays and weekends. I do look at my system messages daily but cannot guarantee my internet connection or availability to help you during weekends and holidays.

_____ ***I understand and agree on the Communication rules of Dr. Ghadeer Okayli.***

Prescription Refills and Prior Authorizations:

All prescription requests should be made during office visits. Dr. Okayli will provide you with enough refills until your next agreed upon appointment.

If you notice that you are running low on medications and you do not have refills remaining you must call and schedule an appointment as soon as possible. Please access and check your prescriptions refills status on you patient portal regularly. Should you run out of medications prior to your appointment, Dr. Okayli will authorize your requests for medication refills at her discretion, based on the patient's best interest and safety. Please allow at least 24hours during business days to complete the medication refill request. A fee of \$40.00 will be charged to your account.

Office Policies ,cont

Prior Authorizations for certain medications are mandated by your medical health insurance provider. When we prescribe certain medications, we are unable to determine if they will be rejected by your insurance. We will know once the pharmacy runs your prescription through your insurance, in which case they will forward a prescription prior authorization request on your behalf. We would like you to inform us that you approve the request before we are able to submit it to your insurance. The submission process can be lengthy and may take a few days, with no guarantee of approval. We will do our best to get you medication approved or suggest other equivalent medication but we need to hear from you.

There is a Prior Authorizations processing fee of \$60.00

Please contact our office through your portal or at (512)632-6003 or fax us at (512)9919632

_____ ***I understand and agree on Prescription Refills and Prior Authorization rules of Dr. Ghadeer Okayli.***

Cancellations and Missed Appointment:

Please note that your appointment time is reserved just for you. This office charges for missed appointments and late cancelled appointments. To avoid charges, please contact our office at least 48 hours in advance to cancel your appointment. Please note that you are responsible for the *entire* missed/late cancelled appointment fees.

Compliance with office visits is essential for quality and continuity of care. Let's have a dialog about the reasons of your reluctance to make it to your appointments.

A pattern of 2 or more no shows or late cancellations without a true emergency may result in the termination of our doctor-patient relationship, even if paid in full.

_____ ***I understand and agree on Late Cancellations and No Show policies of Dr. Ghadeer Okayli.***

Termination of Service:

Termination of the doctor-patient contract can be initiated by the patient or Dr. Okayli. If you would like to end the relationship please contact our office in writing so that we can officially close your file. Dr. Okayli will send you a letter confirming the termination. Dr. Okayli may terminate the contract WITH or WITHOUT any reason. In this case you will be provided with a written letter of termination.

In either case Dr. Okayli will be available for 30 days as of the date of the letter to respond to you in case of an urgent need. After that the Doctor-patient relationship will no longer exist and Dr. Okayli will not be Responsible for your treatment, follow-up or psychiatric care.

Please provide us with your current address and contact numbers.

In the event of termination, under no circumstances will it be based on patient's race, gender, religion, disability, national origin or age.

_____ ***I understand and agree on Termination of Service rules of Dr. Ghadeer Okayli.***

Payments:

Dr. Okayli is not a provider for any insurance companies. We do not file insurance claim but will be glad to give you an invoice, which includes all of the information necessary to file your claims for reimbursement.

All office fees are due at the time of service. This office ONLY accepts Credit Cards in the form of Master Card, Visa, American Express and Visa Debit cards for your convenience. All balance Invoices must be paid upon receipt. You may call our office with a credit card number. You can also pay through the payment link on your invoice. Lack of prompt payments will result in termination of services. Please refer to the credit card policy.

_____ ***I understand and agree on Payments rules of Dr. Ghadeer Okayli.***

Credit Card Policy:

All clients **MUST** keep a credit card number and information on file. The card will be automatically charged for the following:

1. No show or less than 48 hours cancellation of a scheduled Initial visit or any follow-up appointment. Note that an initial physical encounter with the patient is not necessary to run charges of a missed or late cancelled initial evaluation.
2. If the cancellation is less than 48 hours because of a personal *Serious Medical Emergency* you will not be charged. If you anticipate that you can't make your appointment. Please note that common illnesses that do not prevent you from carrying a virtual encounter are not considered emergencies. Child illness is not an emergency. Child care issues are not considered emergencies. Inability to take off work is not an emergency
3. Any balance remaining unpaid.
4. You are responsible for updating the validity of your credit card. Balances for accounts with inactive credit card information will be sent to a collections agency after 3 notifications. If we are unable to reach you we will immediately forward the balance to a collections agency.

——— ***I have read and understood the credit card policy. conditions of the policy. I agree to comply with the Financial Policy terms and conditions of Dr Ghadeer Okayli.***

Name:

Signature:

Date:

Office Policies ,cont

Professional fees:

Service	Time	Fee
Initial Evaluation	50-60 min	400
Medication Management	20-30 min	180
Medication Management/Psychotherapy	50 min	350
Psychotherapy	50 min	350
Forensic Consultation-Viirtual	Per Hour	600
Forensic Evaluations-Door to Door	Per Hour	600
Phone Calls over 5min	Per Hour	350
Communications with Other Professionals	Per Hour	350
Out of Session Prescriptions Refills		40
Prior Authorization	Per Hour Start at	60
Forms Completion	Per Hour	350
Faxes		40
Email Communications	Per Hour	350
External Records Review	Per Hour	350
Release of Medical Records	Minimum	60

_____ *I have read and understood the Professional Fees. I agree to comply with the Professional Fees of Dr Ghadeer Okayli.*

Name:

Signature

Date: