

# OFFICE POLICIES

**Stephen Dai M.D.**  
**4810B Spicewood Springs Road**  
**Austin, Texas 78759**  
**Phone (512)346-5796**  
**Fax (512)346-8509**

## **Cancellations and Missed Appointments**

For new patients, a refundable deposit of \$250.00 is required before scheduling the initial evaluation. THE OFFICE REQUIRES 48 HOURS NOTICE OF CANCELLATION FOR ALL NEW PATIENTS FOR THEIR INITIAL EVALUATION WITH DR. DAI. You can make the deposit by check/credit card. This information will be taken by the office manager. Our office will hold the check/credit card number until your initial visit with Dr. Dai and at that time we will return the check to you.

If the appointment is missed and the required notice not given, the money will then be deposited into the office account.

Unless other arrangements have been made, payment is required at the time of service. The guarantor, or responsible party, is responsible for all patient charges incurred.

Since Dr. Dai has limited appointment availability, 24 hours notice is required to cancel any appointment for an established patient. Canceling appointments may be done over the telephone or by sending a fax to Dr. Dai's office. If this policy is not followed, you will be charged for the missed appointment. Our office will refer to the time of the call or time of fax to judge whether you will be charged or not.

The following are the amounts that will be paid if appointments are missed.

Initial Evaluation: \$250.00

Medication Check: \$80.00

Psychotherapy: \$200.00

These rates are non-negotiable and will be charged to the patient's credit card on the date of the missed appointment. All patients are required to provide a credit card number that the office will use and keep in the patient's medical chart for missed appointments or any balance remaining on the account that is owed by the patient.

### **Prescription Refills**

Once established as a patient and you are prescribed medication, there is a \$15.00 charge for completing triplicate prescription orders/refills. If you are placed on a medication that is of a regular prescription order and you need a refill, call the pharmacy and they will either call the office or fax your renewal request.

It is your responsibility to schedule follow-up appointments before you run out of your prescription and to allow for ample time from the request to your pharmacy for a refill until the time your medication runs out. It is also very important to make all scheduled appointments so that you can be safely monitored while taking medication.

### **Emergencies**

During regular business hours, please contact our office at (512)346-5796. My staff can get in contact with me if I am not in the office at the time of your call. After business hours, our messaging system will direct you to an answering service. In case of extreme emergency, please call 911 or seek immediate care at your nearest emergency department.

### **Contacting You**

It is your responsibility to keep any and all contact information current and correct. If any of your information (phone numbers, address, emergency contacts) change, please notify our office as soon as possible. This allows us to provide the best care possible.

### **Contacting Me**

Any questions or comments that you have about your treatment will be answered in a timely fashion. You can leave a message with the office during normal business hours. Calls will be returned within 24-48 hours if a message was left Monday thru Thursday or the following business day if a message was left on Friday or on the weekend.

### **Insurance**

Currently I am not accepting any insurance. I will provide the necessary paperwork for you to file with your insurance provider.

### **Office Hours**

Our office hours are Monday thru Friday, 9:00AM-5:00PM. Closed for lunch from 1:00PM-2:00PM.

### **Payment and fees**

Initial evaluations are \$250.00 and are 1 hour in duration. Follow-up visits for medication management are \$80.00 and are 20 minutes in duration. Psychotherapy sessions are \$200.00 and are 50 minutes. If any appointments go over the allotted amount of time, patients will be charged a prorated fee for the excess time. Our office accepts check, cash, visa, and mastercard. There is a \$35.00 charge for any checks that are returned unpaid by your bank.

By signing this form:

You have read and understood Dr. Stephen Dai's office policies.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Legal Guardian Signature (if under 18): \_\_\_\_\_ Date: \_\_\_\_\_