

## Professional Services Agreement

Douglas S. Pool, M.D.  
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A Medical Corporation

300 A Codifer Blvd.  
Metairie, LA 70005  
Tel: (504) 835-6320  
Fax: (504) 836-6980

**Office Hours:** All appointments are scheduled with the Office Manager. Office Manager or 24-hour Voice Mail answers all office calls. We return calls as soon as feasible. If your call is urgent, you may call the emergency number at (504) 779-2019. This is for emergencies only.

**Appointments:** Psychotherapy appointments are 45 minutes in duration and medication management appointments are 15 minutes. Note: Some insurance companies will not reimburse for psychotherapy done by a psychiatrist.

**Fees:** Payment for services is due at the time of each visit unless arranged prior to the appointment. Insurance companies do not guarantee benefits quoted, nor do they guarantee payment. All services provided are ultimately your responsibility. I will submit claims to your insurance with your permission but if insurance denies the claim you will be responsible for payment in full.

\*\*There is a fee for all reports, letters and phone consultations (over 5 minutes): Fees assessed are based on the amount of time spent.

\*\* There is a \$25.00 charge to patient for all prescription requests that requires a written prescription without an appointment whether phoned in to a pharmacy or picked up by patient not billable to the insurance.

**Cancellations:** When it is necessary to do so, scheduled appointments must be cancelled at least 24 hours in advance. If your appointment is on a Monday your cancellation must be received on the Friday before because we do not work on the weekends. otherwise, you, not the insurance will be billed for the fully allotted time.

**Confidentiality:** We place the highest value upon confidentiality. We will not disclose information to any person nor agency without your written consent unless we have a reasonable suspicion that a child is being abused or neglected. If you or someone else is in physical danger, we are required by law to report the information to the appropriate authority. There are also exceptions to confidentiality when legal proceedings are involved.

Louisiana State Board of Medical Examiners: You have the right to file a complaint regarding physicians to this Board at P.O. Box 30250 New Orleans, LA 70190-0250.

Louisiana State Board of Social Work Examiners: You have the right to file a complaint regarding social workers to this Board located in Baton Rouge, Louisiana at 18550 Highland Road, Suite B Baton Rouge, LA 70809.

### **ACKNOWLEDGEMENT:**

I have carefully read the information above, and accept the Professional Services Agreement concerning fees, payment, and cancellation of appointments.

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

If Patient is a Minor: I am the legal guardian or managing conservator and grant permission for treatment.

Signature: \_\_\_\_\_ Relationship to patient: \_\_\_\_\_ Date: \_\_\_\_\_