



MICHAEL CONNOLLY, MD

Dear: _____ Account # _____

Your appointment is scheduled for _____ at _____ with Dr. Connolly, MD.

I appreciate the trust you have placed in me as your psychiatrist at Granger Medical Clinic. New patients are required to complete and return this packet in its entirety "PRIOR" to being scheduled. If an appointment becomes available before your scheduled visit, it will be offered to you.

It is important to obtain all relevant prior treatment and physician information in order to have a complete and comprehensive appointment.

Please plan to arrive at least 10 minutes prior to your appointment in order to complete any necessary paperwork.

The time of your appointment is set aside as your time and it is important we begin and end on time. In order for us to continue to provide the service of billing your insurance plan. It is necessary to strictly enforce the late arrival and no show policy. If you arrive late for your appointment your session may need to be shortened to accommodate our next scheduled patient. If your session is shortened you will personally be required to pay the difference between the time you are in the session with me and time I could have spent with you. Our policy is designed to minimize the impact of tardiness on all out patient's time.

My staff will do all they can to assist you with authorizations. However, it is your responsibility to obtain and keep current/any authorizations required by your insurance carrier. You will be financially responsible for the full "cash price" of your visit insurance claims are denied for lack of authorization. No Show patients may be billed at the full published rates your insurance company will not be billed for a no show fee. A missed appointment fee may be charged if you fail to cancel 24 hours in advance of your appointment.

Cash Pay Rate: Evaluation: Age 6-25 years old \$365.00
Follow Up appointments: \$130.00

I have read the above policy, I understand and agree to each of the conditions.

Signature of patient or guardian: _____ Date: _____

Please contact your insurance company for authorization and include your information below:

Insurance Subscriber # _____ Group # _____ Authorization # _____

Commonly used billing codes: New patient appointment 99205 follow up appointment 99214, 99213, 90833