

LAURIE R. REED, M.D.

*Board Certified  
Psychiatry*

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PATIENT INFORMATION

FEES AND INSURANCE

My fee for a 1 hour-40 minute initial evaluation is \$610.00, which is due at the time of service. For ongoing treatment the fee is \$300.00 per fifty minutes. Telephone consultation, and time involved in filling out and processing forms is billable at my regular rate. You will be given a bill at the end of each month with payment expected at that time. You are responsible for billing your insurance company directly.

Medication management follow-up appointments are charged at \$200.00 for twenty-five minutes. Payment for medication consultation is due at the time of service.

Before you begin treatment, I would advise you to check your insurance policy to determine the extent of your coverage.

APPOINTMENTS

Keeping your scheduled appointment is part of the therapeutic process. If you need to change an appointment time, it is most helpful if you can let me know as soon as possible and I will do the same for you. If you miss an appointment or cancel less than 48 hours in advance, you will be billed for that time except in the case of an emergency or dangerous driving conditions. For Monday appointments please cancel 72 hours in advance. Please be aware that your insurance will not pay for missed appointments.

CONFIDENTIALITY

All information exchanged during therapy is fully confidential. The only exception to this is in cases of acute risk of suicide, homicide, or in cases involving child abuse. In these situations, I am required by law to involve other people. In order to make reimbursement decisions, it is also possible that your insurance company may request information from me about your treatment.

DIRECTIONS

Address to my home office is listed above. When you arrive for your appointment, come in the door next to the garage. Make yourself comfortable in the waiting room and I will meet you there. For zoom appointments I will send a link 48 hours prior to meeting.

CONTACTING ME

I will be either in the office or checking messages frequently. I will make every effort to return your call the same day. If you have an emergency and are unable to wait for my call back, please call 911 or go to the nearest hospital emergency room. When I am out of town, I will arrange for emergency coverage and will leave that information on my answering message machine.

Please sign and return one copy of this form by fax, mail, or email prior to your first appointment.

I have read the above information and agree to abide by its terms.

SIGNATURE

DATE