

Penny Chow, M.D., P.A.
Professional Services Agreement

GENERAL INFORMATION:

Phone number: (281) 494-6222, Fax number: (281) 494-6220.

Hours: Monday- Thursday, 8am to 4:30pm.

Friday, 8 am to 12pm.

If you are unable to reach us during business hours, please press 1 to leave a message and we will return your call. Your treatment is strictly confidential. No information regarding your treatment will be released without your written consent. However there are exceptions to confidentiality as required by law, such as information regarding dangerousness to yourself or others and neglect or abuse of a child.

FEES:

Clinical consultations and treatment are on a fee for service basis based on time. Completion of forms or letters would be subject to additional charges. Payment is expected when service is rendered by cash, check, Master Card, Visa, American Express, or Discover. We request a valid credit card number or a deposit to be used in the event of a telephone conference or a missed appointment. Your insurance coverage is independent of my relationship with you. A receipt will be provided for submittal to your insurance carrier.

Initial _____

CANCELLATIONS:

Twenty-four hour notice is required when canceling an appointment. Monday appointments must be cancelled prior to noon on Friday. Appointments cancelled less than 24 hours or missed appointments are promptly charged to your credit card on file for the full amount of the scheduled time.

Initial _____

PRESCRIPTION REFILLS:

For medication refills, call your pharmacy several days before running out of medications. For mail orders or stimulants, call our office. We require 24 hours notice in order to process these requests as they may require faxes, long distance phone calls, or legal documentation. If you have missed a scheduled appointment and need a medication refill, you will only be given enough medications until your next scheduled appointment. If your appointment is not rescheduled or you do not keep your appointment, you may experience medication withdrawal, requiring treatment in the emergency room.

Initial _____

AFTER HOURS:

If you have an EMERGENCY, go to the nearest ER or call 911. If there is an urgent matter, you can leave a message on my after-hours voicemail and I will get back with you as soon as possible. You may be subject to a service charge.

Initial _____

ACKNOWLEDGEMENT:

I have carefully read the information above and accept the Professional Services Agreement.

Signature: _____

Date: _____

I have also been given the opportunity to read and possess a copy of this office's Privacy Practices.

Signature: _____

Date: _____
