CALLIE EMERY, M.D., P.A.
Child, Adolescent and Adult Psychiatry

12880 Hillcrest Road, Suite 104
Dallas, TX 75230
OFFICE 214-866-0338
FAX 972-490-3567

OFFICE POLICY

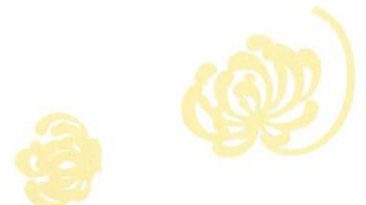
Dr. Emery schedules her own appointments. Payment is due at the time of the visit. You will receive a monthly statement that will include the diagnostic and procedural codes necessary for filing your own insurance. You are financially responsible for charges incurred regardless of insurance reimbursement policies.

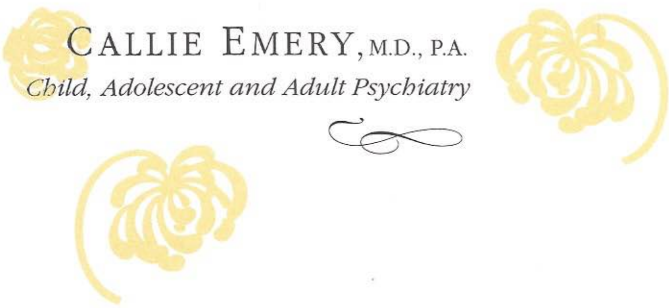
The charge for a 90-minute initial evaluation or consultation appointment is $450. Many evaluations are done over time as a series of five to seven 45-minute sessions. Additional charges will be incurred if formal reports are requested. The charge for on-going psychotherapy is $225 per 45-minute session. The charge for medication follow-up appointments ranges from $200-$225 depending on the length of appointment (25 or 45 minutes). If significant collaboration is needed outside of sessions in the form of phone calls with the patient or family members responsible for their care or other professionals, a charge will be incurred based on time allocated. Phone calls lasting longer than 15 minutes will be charged accordingly.

As mentioned previously, payment is due at the time of the visit. Cash, check, Visa, Mastercard, or Discover are accepted. Credit cards can be used by filing your number and authorization below. Accounts not paid by the next billing cycle are subject to a service charge of $20.00 unless previous arrangements have been made with Dr. Emery. If payment is not provided at the time of a visit (such as a check is rejected or an appointment is not kept and then payment is not sent in), then an authorized credit card will be required to be placed on file prior to future appointments. This credit card can serve as your preferred (primary) method of payment or simply as a filed back-up method.

Cancellation or rescheduling is required 24 hours in advance to avoid being charged for the reserved appointment time. You are financially liable for the full fee if you fail to cancel your appointment 24 hours in advance. It is the patient's responsibility to know appointment times.

After-hours calls will be returned for emergencies only. If there is an immediate medical emergency, please go to the nearest emergency room or call 911, if necessary. For other non-urgent calls, please leave both daytime and after-hours phone numbers where you can be reached. Please allow 48 hours for processing of medication refills. There will be a $20 refill charge for prescriptions that require written refills between appointments. If you will need monthly written refills to be mailed please provide self-addressed envelopes to keep on file.





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Dr. Emery does not testify in court, but if legal actions occur in which she is requested or subpoenaed to provide testimony (such as in a custody case) you will be responsible to provide the following even if the subpoena is sent from the opposing side of the case and even if your ongoing relationship with Dr. Emery has ended:

1. Travel expenses.
2. Hourly or per diem fees based on Dr. Emery's then current session rates, plus 20% of that fee, from the time Dr. Emery leaves the office until her return.
3. Fees at Dr. Emery's then current rates, plus 20% of that fee, for the time expended in preparation and research. At least $2,000.00 will be due prior to the court appearance.
4. Record copying fees are $1.50 per page plus $225 per hour copying fee.

Please Read and Initial:

I understand that I am financially liable for the full fee if I fail to cancel my appointment 24 hours in advance. ______

I understand that I am ultimately financially responsible for charges incurred regardless of insurance reimbursement policies. _______

I authorize the release of any medical or health-related information to process insurance claims.

______

I have read and understand this Office Policy.

____ ____________________

Signature (parent if minor) Date

Patient's Name:______________________________

Date of Birth:_______________________________

02/01/2018

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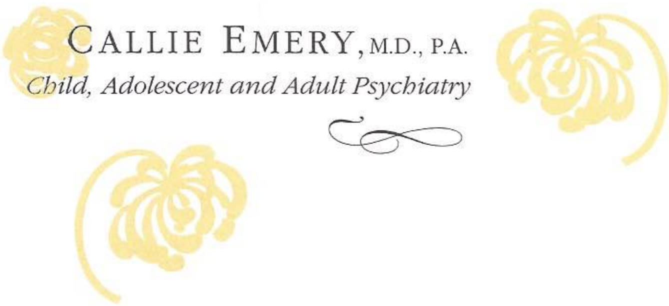
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Date of Birth:______________________________

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