

Orange Coast Psychiatric Associates

27401 Los Altos, Ste. 275

Mission Viejo, CA 92691

Phone: (949) 282-0027

Fax: (949) 282-0032

OFFICE POLICIES

- | | Initials |
|---|-----------------|
| 1. We do not call in any prescriptions over the telephone. | () |
| 2. Prescriptions will be written by the doctor at the time of your appointment with an adequate amount to last until your next appointment. | () |
| 3. It is your responsibility to show up for the next appointment to receive a refill and to make sure that you have turned the hardcopy prescription into your pharmacy. | () |
| 4. The office policy for appointment cancellations is 24 hours (business day) notice is required. If 24 hours advance notice is not received for a cancellation you will be charged fifty dollars. | () |
| 5. Payments/co-payments must be made in full at the time of your visit. | () |
| 6. For any paperwork completed <i>within</i> your scheduled session, there is no charge. For paperwork completed <i>outside</i> of an appointment, a fee between twenty-five and fifty dollars, based upon the estimated time and administrative costs will be charged. Any paperwork estimated to exceed that amount would be discussed between the doctor and patient prior to billing. | () |
| 7. A twenty-five dollar fee will be charged for triplicate prescriptions written outside of an appointment. | () |
| 8. The charges mentioned above will be billed directly to the patient and not the insurance company. | () |

If you have any questions or concerns, please feel free to speak with our office staff.

Patient Signature / Parent Signature if minor

Date

Scott D. Ispirescu, M.D.

Date