

Ketaki Vaidhyanathan, MD

Adult Psychiatry
Child & Adolescent Psychiatry

Dr. Ketaki Vaidhyanathan, MD encourages her patients' parents or guardians to become familiar with office policies by reading them and asking questions. It's important to understand the policies which this office will follow when providing care for your family.

APPOINTMENTS:

Office hours are by **appointments only**.

Initial visits are one hour long. Follow-up appointments may be schedule for 30 and 45 minutes, depending on your needs and service being provided.

It is my goal to provide you with the best possible service for the fees charge. Payment of all fees is required at the time of service. If for any reason this is not possible, financial arrangements must be made prior to your visit. **Please initial here stating that you understand this policy _____**

FEES FOR MISSED APPOINTMENTS

Once an appointment is scheduled, this time is reserved for you only. In order to see all of my patients at the scheduled time, it's extremely important that you arrive on time for your appointment. If you miss an appointment, you will need to reschedule. Note that refill request may not be honored if follow-up appointments have not been kept. Patients who do not arrive on time or do not show for their appointments will be required to pay the full visit fee prior to rescheduling. This will be applied to the missed appointments, not to the rescheduled appointments.

An appointment will be considered "missed" in each of the following situations:

- Patient arrive more than 15 minutes late for the appointment
- Patient cancel an appointment without sufficient notice (24 hours for all appointments)
- You don't show for a scheduled appointment

Please initial here stating that you understand this policy _____

OTHER FEES

- Returned check = \$50
- Telephone conferences between patient/family and physician = based on the length of the conversation
- Letters and forms completed on your behalf = based on the length of the letter or form **Please initial here**

stating that you understand this policy _____

I have read, initialed and understand Dr. Ketaki Vaidhyanathan, MD, Office Policies explained above.

Patient Name:

Date:

Patient/Guardian Signature: _____

Date:
