

Antonio M. Bird, MD, PA
14 South Pack Square, Suite 362
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828-232-1994

PRACTICE POLICIES

Privacy Policy:

I take the confidential nature of our physician/patient relationship seriously. Please review the attached Notice of Privacy Practices.

Cancellation/Rescheduling Policy:

In the event it is necessary for you to cancel or reschedule I request sufficient advance notice so that another patient can be offered the appointment. Please provide me with 24 hours advance notice for appointments scheduled Tuesday through Friday. For Monday appointments, please call by 5pm on Friday. Otherwise, you will be responsible for the cost of the session. I will make an exception if you are unable to keep the appointment due to illness, unless this occurs repeatedly.

Fee Schedule:

Fees are due upon delivery of services. Effective January 1, 2009, my fees for individual sessions are as follows:

Initial Evaluation	\$240.00
With formal report issued:	\$325.00
75 – 80 Minutes	\$210.00
45 – 50 Minutes	\$160.00
Medication Management	\$110.00

Services requiring my time outside of scheduled appointment times, such as reports and letters, will be billed at \$240.00 per hour.

Insurance:

Health insurance policies may cover a portion of the cost of treatment. Check with your insurance agent or personnel office about your benefits. You will be provided with a receipt with which to file your claim.

I acknowledge that I have read and understand the above policies. I acknowledge acceptance and responsibility for all fees incurred. I acknowledge receipt of the Notice of Privacy Practices.

Patient signature

DATE

Signature of person responsible for payment (if other than patient) DATE