



PRACTICE POLICIES

You will be evaluated by trained and licensed provider. We wish to take this opportunity to welcome you and also to state some basic principles we believe essential in establishing a good relationship between us. Please read through this information, asking questions as needed.

- 1. INITIAL INTERVIEW:** Your first history and physical is considered an evaluation interview and exam. There is a \$100 fee which will be applied to your first treatment if you pursue therapy. At the time of this appointment, the following decisions will be made with you:
 - a) If ketamine is an appropriate treatment option
 - b) Frequency of ketamine infusion sessions
 - c) Goals of therapy (what you hope to gain from this process.)
 - d) Lab work required
- 2. REFERRALS:** While we prefer a referral from the provider that is treating your pain and or mental health to coordinate changes in your post infusion care it is not required. You will need to make your provider aware you are undergoing this treatment because you may require dosage adjustments in your medications. Illuminate ketamin Center does not make changes in your medication prescribed by other providers, but we are happy to work with them to coordinate your best care. **Please do not eliminate or wean any prescribed medication without guidance from your Psychiatrist or Primary Care Physician.** Please notify us of medication changes. _____ *Please initial*
- 3. APPOINTMENTS:** Each appointment varies in length depending on your chief complaint. Typically, 40 min infusion appointments take just under 2 hours, 4 hour infusions are typically around 6 hours in length. At the end of each appointment you can make arrangement for your next appointment or you may also book all your prescribed appointments at once.
- 4. CANCELLATIONS:** If you find that you need to cancel an appointment, please give as much notice as possible so that we can schedule patients on our waiting list You will be charged \$20.00 for each missed therapy appointment, \$50.00 for each missed 1-hour ketamine infusion, \$75.00 for each 2-hour ketamine infusion, and \$100.00 for each 3-hour ketamine infusion. The prices listed are for appointments not canceled at least 24 hours in advance other than for emergency reasons. _____ *Please initial*
- 5. PAYMENTS:** We would greatly appreciate payment in full for each office visit prior to the start of your appointment. We accept, credit cards, cash, and check. Please make checks out to Illuminate Ketamine Center PLLC.
- 6. INSURANCE:** Insurance is an agreement between you and your insurance company as to how treatment will be paid for. We will assist you in any way possible by providing receipts and documentation. We currently do not directly participate with insurance. However, we will assist you in by giving you receipts to submit, and follow up contacts. Some insurance companies will pay for a portion of outpatient ketamine infusion services. You should check with your insurance company representative to find out specific requirements and limitations of this coverage. The hourly rate will apply. Payments for services received through Illuminate Ketamine Center are ultimately your responsibility. If your insurance company requires that outpatient ketamine infusion services be preauthorized, it is your responsibility to initiate the preauthorization process, i.e. contacting your primary care physician, insurance company, or a third party "gate keeper".
- 7. CONFIDENTIALITY:** All information regarding the specific nature of your treatment is maintained at Illuminate Ketamine Center and is considered confidential within the office unless specified by you in writing. However, each provider at this office reserves the right to use specialty consultation with other medical providers at the office as deemed necessary. We follow HIPAA and maintain confidentiality.

Please check and initial boxes.

- Yes No I acknowledge that I have read and understand all of the foregoing statements and that my signature below indicates that I agree to abide by all of the above conditions.
- Yes No I have received a copy of the Privacy Practices Form.
- Yes No I consent to the exchange of treatment information between Illuminate Ketamine Center PLLC and my primary care or mental health provider.

Patient(s): Physicians Name / Office, & Phone Number

Patient Signature

Date



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