

Larry K. Mortazavi, M.D., CGP
155 S. Madison St., Suite 237, Denver, CO 80209
Phone: 720-328-3183
Fax: 720-368-5159
larrymortazavi@insightfulattachment.com

Contract and Consent for Evaluation/Treatment

In consideration for receiving treatment: medication/psychiatric and psychotherapy services, I/we agree to the following:

Fee Payment:

Dr. Mortazavi sees patients on a fee-for-service basis only. **Medication Services payments are due at the time of the service.** The patient or parents are responsible for all therapy services fees within two weeks of receiving the monthly invoice. The invoice is sent to one address per patient.

The rates provided are the average cost per session for once or twice-a-week frequency. However, it's important to note that Dr. Mortazavi is open to discussing different rates for psychoanalysis with a frequency of 3-5 times a week, ensuring that the financial aspect of the treatment is flexible and can be tailored to your needs.

Intakes are conducted during several sessions. The average rate is \$225. Follow-up visits for medication management are \$350 per 45 to 50-minute session and \$225 per 30-minute session. Therapy sessions (45 minutes or less), including play therapy and couple therapy, are \$250 per session. The rate for group therapy is \$100 per session, lasting between 60 and 75 minutes, depending on the number of participants. Group members buy a membership to the group, which is charged monthly. For any other services, such as court-related issues, letters, and other written or verbal communications that are not clinically relevant, the charge will be an hourly basis of \$250.

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Returned checks will be assessed at a fee of \$30. Dr. Mortazavi can pursue all lawful collection procedures available, and the patient will then be responsible for all collection costs, including attorney fees. Unwillingness to pay may result in the termination of services.

You may use credit cards (Visa, Master Card, American Express, Discover, HAS) or check. Please write the credit card number, expiration date, and security code in the space provided and sign below. **If any payment is over two weeks overdue from the invoice's date, you agree to have us bill your credit card.**

Cancellations:

If you must miss an appointment, we request an advanced 7-day notice. Appointments canceled less than a week before the scheduled appointment or missed appointments are billed at the full fee. The number of cancellations is limited per year and would be discussed at the time of intake based on the frequency of the sessions.

Communication:

Dr. Mortazavi is typically readily available by telephone. Requesting medication refills, canceling/rescheduling an appointment, and other inquiries must be made by phone calls to the office **or email (larrymortazavi@insightfulattachment.com)**. Your call will be answered within 24 hours on weekdays. If the phone calls were made during the weekend, the return call would be made on Mondays.

Fax can **only** be utilized to send clinical documents such as medical records, letters, and evaluations. For confidentiality purposes, please put your name and other identifying information in the message's body, not the subject line. Please avoid using email for urgent and sensitive topics.

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Dr. Mortazavi is the only person in this office with access to your communications. We are not responsible for information lost due to technical failure.

Text messaging has never been utilized as a means of communication.

Insurance:

As noted above, Dr. Mortazavi does not contract with any insurer, including Medicaid and Medicare. Please check with your insurance provider to determine if and to what extent they will reimburse services performed by an out-of-network provider. That excludes Medicare and Medicaid. The patient can receive **no payment from Medicare or Medicaid** for the services performed. For other insurances, the invoice you receive from Dr. Mortazavi will have the information you need to access that provision. If you need assistance completing your insurance form, please ask. Regardless of your insurance company's policy or promptness of payment, you are still responsible for paying for invoiced services within two weeks of Dr. Mortazavi's invoice.

Discharge and Termination of Care:

The patient will be discharged from the care of Dr. Mortazavi with a 30-day prior written notice that will be mailed to the patient's address. The discharge letter includes a list of referrals to other mental health providers/clinics. Dr. Mortazavi will provide the medication(s) for 30 days to bridge the transfer of care.

It is not limited to, but some of the most common reasons for termination of care are a breach of this contract, disagreement with the treatment plan, and attendance. Dr. Mortazavi may terminate the patient's care if the patient does not consistently show up for follow-up appointments or therapy sessions. The patient who has not been seen for three months without a prior agreement will be discharged automatically.

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All medication management patients must regularly be in therapy concurrently with Dr. Mortazavi or a qualified provider. Terminating psychotherapy without a mutually consented agreement with Dr. Mortazavi and the clinician would result in being discharged from the medication services.

Medical Records:

Record requests are received from patients/parents, and other sources will only be executed if the patient/parent has completed a signed **Release of Information**. A summary of the treatment, diagnosis, and formulation is usually provided per request rather than releasing the entire patient record. A treatment summary is provided per the patient/parent's request if the patient is discharged from Dr. Mortazavi's care.

I HAVE BEEN INFORMED OF AND READ THE PRECEDING INFORMATION AND AGREE TO IT:

Patient/Guardian(s) Name (please print):

Patient/Guardian Signature:

Date:

Credit Card Type and Number

Expiration Date

3-digit/4-digit security code:

Zip code associated with the card: