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PRACTICE INFORMATION AND OFFICE POLICIES

1 SEPTEMBER 2016

Office Location: My office is located at 220 5th Avenue, on the NW corner of the intersection with 26th Street in Manhattan. Upon entering the lobby, take the elevator to the 11th Floor. Push the button next to my name on intercom; I will buzz you in (though you won't hear a buzz, the magnet on the door will deactivate and you should be able to pull the door open). Please take a seat in the waiting area; I will greet you there.

Initial Consultation and Fees: The purpose of the initial consultation is to get to know one other, to discuss my diagnostic impression and to work together to establish a preliminary treatment frame and plan.

I schedule evaluations for 90 minutes, and the cost is \$650. I require payment at the time of booking to reserve the spot.

At the conclusion of the consultation, if we agree we are a good fit, we then establish a formal doctor-patient relationship and agree on fees and frequency of future appointments. I base fees upon your treatment needs and financial resources. If we decide not to work together, I will refund your money, and you pay nothing for the consultation.

I am not credentialed with any insurance networks. If you have insurance, please check with your policy, as you may have an out-of-network benefit. If so, you pay me, and I will provide you with an invoice and receipt that you can send to your insurance company for any available re-imbusement. Out-of-network benefits typically pay 50-70% of fees, after an annual deductible is met, but please check with your insurance plan about your particular rate of re-imbusement.

Payment: I require each patient to keep a credit card on file, which will be charged at the time of service; I issue statements at the end of each month for your records.

Emergencies: Call 911 or go to a hospital's emergency department, preferably NYU Langone Medical Center, 550 1st Avenue (between 30th and 33rd Street) in Manhattan; you may call me, or have the physician in the emergency room call me, at 917-363-8978 once you are in a safe place.

Phone Calls: I will charge your credit card for unscheduled calls or emails regarding clinical care outside of appointments, pro-rated based on your appointment fee for the time of handling your call. Phone calls before 9 AM and after 7 PM on weekdays and anytime on holidays or weekends will incur an additional \$50 charge per call.

Email: I prefer email for administrative contacts, such as scheduling appointments, requesting refills, etc. You can reach me by email at collej02@nyu.edu. I recommend caution when transmitting information you wish to remain strictly confidential via email and other electronic means. Once we have a formal treatment relationship, I will

establish encrypted email with you free of charge if you do not have your own method of doing so.

Missed Sessions: You will be charged in full for cancellations, regardless of circumstance, if I am not able to reschedule you in the same business week.

Prescriptions: I transmit all prescriptions electronically. If possible, obtain a price list/preferred medication list from your prescription drug program to minimize costs to you. I bill at my hourly rate for time spent seeking authorizations from prescription benefit plans.

Laboratory Work: As indicated clinically, you may need blood work or other diagnostic testing as part of your evaluation or treatment. I will order tests online via Quest Diagnostics or LabCorp. You should check with your insurance policy regarding coverage and re-imbursement, as charges for laboratory tests will be billed directly to you. Your insurance may require that your primary care physician order these tests to ensure re-imbursement. Facility locations are listed on the laboratory websites. If you have had blood work or brain imaging (CAT scans, MRIs, etc.) done in the past year, or any other relevant records, please bring copies with you to your consultation or have them faxed to my office, if possible.

Confidentiality: I will not reveal to any third party any information about your treatment without your explicit consent in writing. Third parties include other physicians, family members and insurance companies, among others. Only in emergencies might I waive this privilege. For parents of adolescents in treatment with me, this standard also applies. Please be aware that I am mandated by law to report any suspicion of child or elder abuse that may arise in the course of my professional practice.

Access to Your Chart: Your medical record is your property, and you have the right to obtain copies at your request. I charge a nominal fee to cover the cost of reproduction. A psychiatrist may deny access under specific circumstances, namely if the psychiatrist reasonably believes such disclosure would substantially harm the patient.

Forensic Evaluations: If you are seeking a forensic psychiatric evaluation for disability, workman's compensation or another legal matter, please inform me of this prior to scheduling a consultation.