ROY M. STEFANIK, DO

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Office Policies and Financial Agreement

Please read the following statements and sign your name below. I will be glad to discuss any policy with you or answer any question before signing. Upon request, a copy of this agreement will be provided for your records.

Payment in full is to be made when services are rendered. Payment may be in the form of cash, money order, personal check, VISA, or Mastercard. Checks are payable to "Roy M. Stefanik, DO." A statement of services and payments will be provided at the time of service. It is required that a copy of your credit card information be kept on file.

Your insurance is a contract between you, your employer, and your insurance company. I am not a part of that contract and as a result, I do not file insurance forms directly for you. However, I will assist you in receiving reimbursement of fees from your insurance carrier by supplying the necessary information on the receipt statement at the time of your service. If additional information is required, I will assist you by providing it.

Bills for services rendered are your responsibility. Failure of an insurance carrier or other third party to pay for services rendered does not relieve you of your responsibility to pay me directly. Checks returned for insufficient funds are subject to a $35.00 processing fee.

All services are provided on an appointment basis. This time will be held for you and is not available for other patients. It is your responsibility to inform me if you will not be keeping an appointment. At least twenty-four (24) business hours advance notice is required to cancel an appointment without charge. If I cancel your appointment, you will not be charged for the session.

All spoken and written information related to your care is held in strictest confidence. Dr. Stefanik WILL NOT provide information to a third party without your written consent except when required by law. These legal exceptions include risk for harm to yourself or others, child abuse, or court ordered subpoenas.

Email communication is not considered to be confidential. Please do not use email for urgent matters. Matters of great urgency need to be addressed by phone. Email should be limited to non-critical matters such as scheduling or issues that do not disclose sensitive, personal information. Also note that the recording of treatment sessions, conversations, or phone calls is prohibited.

Please note that Fairfax Mental Health is not a partnership. Each professional in this office is an independent provider and shares no responsibility or liability for the advice given to the undersigned unless requested to render a service.

I have read, accept, and agree to the above.

Patient's Printed Name

Patient's Signature Date