## **Jana Colton, MD** (646) 783-0800

## **OFFICE POLICIES**

Fees are due and are payable upon the completion of the visit, unless prior financial arrangements have been made.

This office does not deal directly with insurance carriers. Your statement will include all of the information necessary for insurance claims. We suggest that you submit the claim as soon as you receive the statement and keep a copy for your records. The patient is ultimately accountable for all fees due to Dr. Colton.

A full session fee will be charged for cancelled or missed appointments unless a notice of 48 hours (2 business days) has been given. (For example: an appointment scheduled for Tuesday at 2 PM would have to be canceled by Friday at 2 PM in order to avoid incurring charges.) It is required that a credit card be on file for each patient in the event of missed sessions or late payments.

For patients on medication, please allow two business days for a prescription refill if you will not be seeing Dr. Colton before running out of medication. Please state your name, birth date, medication name, dosage, frequency and pharmacy telephone number in your phone message.

In the event of a psychiatric emergency, if Dr. Colton is not immediately available, please call 911 or proceed to the nearest emergency room.

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Signature:				
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Date:				
Date:				

I agree to the above office policies.