



Phone Consultation Form

All phone consults are scheduled the same way as an office visit. No phone consults will be scheduled if the patient has not had an office visit in the past six (6) months. Phone consults are considered an optional service and are not submitted to insurance. (No forms will be given to be submitted as out of network) A credit card must be provided prior to all phone consultations, *phone consultation balances are due at the time of service. Any amounts left unpaid after the date of service will be considered a past due amount.* If the patient has an outstanding phone consult balance on their account, no future phone consults will be scheduled until the account has been made current.

Phone Consultation Charges:

1-15 mins = \$175.00

16+ mins = Prorated Charge per Minute

There are no set times for a phone consultation. The doctor may initiate the call any time between 8:00am – 6:00pm during the day that is scheduled. *If you should miss the call or do not receive a call, please call the main office to reschedule the phone consult.*

Patient Name(s) _____

Billing Address _____ Phone Number _____

City, State, Zip Code _____ Email _____

Account Type: Visa MasterCard AMEX Discover

Cardholder Name _____

C.C. Number _____

Expiration Date _____ V Code _____

By signing my name below, I certify that I have read the above information. I understand that any phone consultation charges that are on my account will be automatically charged to the card provided. Any questions concerning these policies & charges have been discussed. My signature also certifies my understanding and agreement with the above polices. I understand I am responsible for all charges at the time of service. A photocopy of this document is as valid as the original. You may receive a copy of this document upon request.

Signature: _____ Date: _____

Printed Name: _____ Relationship to Patient: _____