

Practice Policies

The following practice policies are designed to help me provide you with the best possible care and are reviewed together to ensure that we have a mutual understanding of the framework of our sessions.

Appointments

My sessions are scheduled as 50-minute appointments. It is my expectation that you to attend all scheduled sessions. If you need to cancel, please do so in advance so that the time can be used to provide care for someone else. ***Missed appointments and appointments cancelled within 24 hours will be billed the full fee.***

For matters that come up between appointments, you can reach me by calling (571) 549-1595. My voicemail is checked nightly. You may also contact me by email. Please note that email is not compliant with the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Nonurgent, after hour messages will be responded to during regular business hours. I do my best to response all patient messages within 24 hours. If you are having an emergency, please call 911 or go to the nearest emergency room, and have the staff contact me. In the event that I am out of town, I will make sure that a covering provider is available.

Payment

Patients pay me directly at the time of service by cash or checks, based on the agreed upon fee. I do not accept insurance. I will provide a monthly statement showing what has been paid along with the appropriate billing codes, which can be submitted to insurance for reimbursement.

Some insurance policies require prior authorization in advance of service. If you wish to obtain insurance coverage, you should contact your insurance company before seeking mental health services to determine your benefits and to obtain necessary prior authorization.

Confidentiality

I will not provide information to any third party without your consent, except when required by law. Legal exceptions include potential harm to yourself or others, suspected child abuse, and court orders. If you wish for information to be released to a third party, please provide written consent with your signature.

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Prescription Refills

Please call me or email me directly for any medication needs. I do not respond to pharmacy refill requests, as they are often outdated or inaccurate. Please remember to request refills from me at least 3-4 days before you are scheduled to run out, in order to give adequate time for the prescription to be filled by the pharmacy.

Agreement

I, _____, acknowledge that I have reviewed the above practice policies, and agree to the terms and conditions set forth.

Signature: _____

Date: _____