



Evolved Adolescent and Young Adult Medicine
1250 East Ridgewood Ave
Ridgewood, NJ 07450
201-857-5770

Evolved Adolescent and Young Adult Medicine Office /Financial Policies

Patient's name _____

Your appointment time is reserved exclusively for your care. Cancellation of appointments requires 48 hour notice. Appointments cancelled without such notice or missed appointments will be charged the full session fee. A credit card will be required to have on file which will be billed for late cancellations/rescheduled or missed appointments. The credit card will also be billed for any checks returned for insufficient funds plus a \$20 bank fee. _____ **initial**

Payment for services rendered is due in full at the conclusion of each visit. Payment may be made with cash, check or credit card. All credit card transactions will incur a 3% additional fee. _____ **initial**

Phone calls/messages will be answered within one business day (Monday through Thursday). Email is not the appropriate forum for clinical questions or for providing updates. By engaging in email communication, it is assumed that you are aware of associated privacy concerns in an unencrypted system. Brief questions for clarification of your current clinical plan that cannot wait until your next visit can be communicated through the secure patient portal which will be monitored by staff as well as by Dr. Strozuk. **Dr. Strozuk cannot effectively practice medicine through the patient portal alone. One on one, in office appointments are of critical importance to the therapeutic healing process. Therefore, if your question requires more than a brief clarification, or if you have new or ongoing symptoms despite your current treatment plan, or if your question involves clinical decision making by Dr. Strozuk (ie. requests for testing, requests for protocol changes or prescription adjustments, questions about new or ongoing symptoms, requests for review of labs from collaborating physicians, etc.) an in office visit or phone consultation will be recommended and should be scheduled so that your questions or concerns can be given adequate time and attention.** _____ **initial**

It is requested that all non urgent telephone calls be limited to brief matters that cannot wait until your next appointment. Phone calls addressing questions and consultation requiring more than ten minutes will be charged a prorated fee. These questions are best addressed in an office appointment setting so that questions and concerns can be given adequate time and attention. Your credit card on file will be used for these fees. _____initial

Lab tests may be ordered as deemed appropriate in the management of your or your child's care. Labs will be reviewed and you will be notified of any result that requires immediate, emergency attention. Otherwise, **all test results will be reviewed at your scheduled follow up appointment. Lab interpretation and your personalized therapeutic plan will be discussed at your scheduled follow up visit.** _____initial

Dr. Strozuk does not contract with any insurance companies and is an out of network physician. Lab testing may or may not be covered through insurance. I understand that it is my responsibility to contact my insurance company to understand my coverage limits prior to office visits or laboratory testing. Our office does not participate in resolution of claim disputes. ____in.

Release of medical records including lab results to a third party including your primary care physician or subspecialist requires a signed medical release. _____initial

Signature of Responsible Party

Date

Relation to patient _____self _____parent