



5656 Bee Caves Rd., Suite D202
Austin, TX 78746
(512) 327-7700
Fax (512) 327-7701

PATIENT POLICIES

Office Hours: Monday through Thursday, 9am to 4pm

Appointments:

- Appointments can be made by calling the main office number (512-327-7700).
- New patient visits are 60 minutes and return visits are 30 minutes. Longer appointment times are available if needed.
- For all other questions during business hours, call the main office number (see below for after hours policy).
- A call to the office is appreciated if late arrival is expected.

Appointment Cancellations:

- If an appointment is canceled with at least 24 hours notice, the patient will not be charged for the visit.
- A cancellation within 24 hours of the scheduled appointment may result in a **fee of the full normal visit rate**. Missed visits without 24 hour cancellation notification will be billed to the patient.
- Exceptions will be dealt with on a case by case basis and are at the discretion of the doctor.

Payment Policies:

- Visa, Master Card, personal check, cash accepted.
- Payment for services is due at the start of sessions.
- If a check is returned due to insufficient funds, you will be charged an additional fee of \$20.

Emergencies/After Hours Calls:

- In the event of an emergency after hours, call the office's main number (512-327-7700), 911 or go to the nearest emergency room.
- During normal business hours, call the office's main number and provisions will be made for an emergency appointment and/or a phone call from the doctor, depending on the individual's needs.
- All other nonurgent after hour calls will be returned the following business day.
- All after hour pharmacy calls will be returned same day.

Other:

- Dr. Silvertooth does not prescribe narcotic pain medications.
- Patients on stimulant drugs (such as Ritalin, Adderall) can receive a prescription for only 30 day supply at a time.

Primary Care:

- Primary care services are also available and are integrated into the psychiatric care when needed. Ask the doctor for details if interested.

I acknowledge that I have read and understand the patient policies.

Patient Signature and Date