

**Dennis Gates Mental Health LLC**

**Tom Dennis Gates II**

Family Psychiatric Nurse Practitioner

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## **Fees & Policies**

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### Psychiatric Evaluation and Management

- New Patient Evaluation \$325.00
- Follow-up appointments(20min) \$125.00
- Follow-up appointments(40min) \$225.00
- Established Patient Telephone Consultation (20min) \$125.00
- Established Patient Telephone Consultation (30min) \$150.00
- Cannabis Program \$200(cash only)

### **Other Charges**

- Missed appointments (no call/no show) \$125.00
- Same day cancellations \$125.00
- Refills between appointments \$30.00
- Letters (simple to detailed) \$100.00
- Third party letters \$250.00
- Patient Records \$25.00
- Third party request of records via \$50
- Fax, printing or mailing \$0.50 per page
- Disability Paper Work (Must be established which is 6 months or longer of consistent uninterrupted treatment) \$500.00
- FMLA (Must be established patient) \$250.00

### **NOTE**

**Disability and FMLA paper work is not a guarantee to be completed by provider. It is the sole discretion of the provider to make that determination.**

## **Appointments**

The initial appointment is a 60-minute session. Following the evaluation, appointments are 20-minutes (medication management). Tele-psychiatry appointments are available for some insurances, otherwise patient has the option to pay out of pocket. At minimum, on-going patients are to be seen at least once every three months unless deemed otherwise by provider. Usually patients that are being seen once every three months are stable. Adequate refills of medications to last until the next recommended appointment are written during sessions. If there is a pause in follow-up sessions longer than 6 months, a repeat initial evaluation session charge will be necessary for a comprehensive review for changes in your condition and health.

**Dennis Gates Mental Health LLC does not accept new clients who need documentation for situations such as:**

- **Court Cases of any kind (e.g., an open court case, probation, lawsuits, etc.)**
- **Assessment (e.g., Fitness for Service, Study Abroad, comfort or therapy pet, etc.)**
- **Academic reasons (e.g., seeking an Incomplete in a course, fitness to return to school or work, completing therapy as a course requirement)**
- **A new or pending short/long-term disability case**
- **Any other situation in which a third-party needs documentation from provider on behalf of a client**

**Appointment reminders through SMS text message and/or email will be sent two days before your scheduled appointment please confirm that you will be coming to your appointment. In the event you fail to confirm your appointment within the 24-hour window of your appointment either the appointment will be cancelled or given to someone else. \_\_\_\_\_Initial**

## **Payment of Fees**

All charges are due the day of service and payable by credit card or debit only (Visa, Master Card, Discover, American Express). All debit cards must have a Visa or MasterCard logo.

**All commercial and self-pay clients will have their credit card put on file. \_\_\_\_\_Initial**

**In the event you miss an appointment, the card on file will be charged at the end of that business day of your missed appointment. \_\_\_\_\_ Initial**

Services will not be rendered for patients that have accounts that are not in good standing unless approved by the provider. Patients will be discharged and referred out if accounts remain delinquent for longer than 90 days. This does not apply to Medicaid/Medicare patients. This does apply to patients with co-pays for commercial insurance.

## **Medical Insurance**

Provider will accept most medical insurances. Please call to see what insurance is accepted. If your deductible is not met please contact your insurance provider to see if deductibles are waived for mental health services or what your payment will be for services until your deductible has been satisfied. You are encouraged to know your benefits for coverage and co-pay.

## **Private Pay Advantages**

No third-party invasion of your privacy. Confidential diagnosis and treatment. No insurance company or managed care interference for self-pay evening and weekend appointments. Who do you trust most to select treatment...you and your physician or an insurance company executive? Dennis's sole allegiance is to you. There is no split allegiance between an insurance company and you.

## **Missed Appointments/Cancellations**

If you are unable to keep an appointment, please give 48 hours advance notice (weekends and holidays excluded); otherwise you will be charged for the time that was reserved for you. There will be no exceptions besides emergencies. Same day cancellations will also be charged a no-show fee. Be aware that insurance plans do not reimburse for missed appointment charges. You may cancel your appointment by leaving a voice-mail message at 301-955-9812 and or reply to text message reminder. Medicaid patients will not be charged a no show fee, however if there are two missed

appointments/same day cancellations, patient will be discharged from practice and referred to another agency.

**Medication Prior Authorization forms- \$25 flat fee**

This only applies to private pay and private insurance patients wanting to be on medications not initiated by provider. If the pharmacy does not give you the prior auth form or fax it to the office directly, you can download it yourself from your insurance’s website (once you log-on). Ask the pharmacy (nicely) to get an auth form filled out as much as possible (e.g. with insurance info, address, etc.) or fill it out yourself. I complete the medical justification portion and send it to the insurance company. If your pharmacist tells you “the doctor has to call insurance”, you still need to either convince them to obtain a form, or get one yourself. (In other words, I don’t make these calls, because they usually take about 45 minutes.)

**Home or Office visits:** Fees vary, call for pricing. **For private pay patient’s only.**

**Consultation with school personnel/IEP meetings:** Provider does not do consultations with school or go to IEP meetings. Provider will provide records.

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**Signature of patient or legal guardian**                      **Date**