

Edward L. Spencer, M.D.
450 N. Bedford Dr., Ste 309
Beverly Hills, CA 90210
Phone: 310-425-3820 Fax 855-729-4884

Patient Information

Name: _____

Home address: _____

City, State, ZIP: _____

Birthday: _____

Phone: _____ OK to leave voicemail message

Email: _____ OK to use for general information

Emergency Contact Person: _____

Relationship to You: _____

Emergency Contact Phone: _____

Insurance Information

Note: I do not participate in any insurance network, except Medicare. Payment is requested at the time of your appointment by cash, check, or major credit card. If you enter your insurance information here, I will prepare and file claims for you from the office. Otherwise, you will receive a statement that can be submitted to your insurance company for reimbursement.

Please provide the insurance card for copying, or enter the information here:

Name of Insurance Company: _____

ID#: _____

Group Number: _____

Notice to Consumers:

1. Medical doctors are licensed and regulated by the Medical Board of California.
(800) 633-2322, <http://www.mbc.ca.gov>

2. The Open Payments database is a federal tool used to search payments made by drug and device companies to physicians and teaching hospitals. It can be found at <https://openpaymentsdata.cms.gov>.

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OFFICE INFORMATION

COVID-19

- In-person appointments are available on Mondays, Tuesdays, and Thursdays.
- As an alternative, I am offering remote appointments using a HIPAA-compliant video platform.
- At the time of your remote appointment, use any device to go to this URL:

<https://doxy.me/ESpencer>

- Once you sign in, you will be taken to the virtual waiting room, and I will start your session at the scheduled time.

PROFESSIONAL FEES

- The initial evaluation session of 80-90 minutes is billed at \$550.00.
- Follow up visits are billed at \$325.00 for a full, 45-minute psychotherapy session or for medication management visits requiring extended consultation. Brief visits for medication management of 25 minutes duration are billed at \$275.00.
- Non-clinical services, including the preparation of letters, documents, or reports, requiring prolonged engagement will be billed at a pro-rated rate of \$450.00 per hour. I will advise you if this becomes necessary before you incur any charges.
- Forensic or medicolegal services of any kind will be billed at a separate daily rate. Please inquire.
- All professional fees are nonrefundable.
- Balances greater than 30 days old will accrue interest at a rate of 1.5% monthly.

SCHEDULING

- Your appointment time will be reserved for you. **If you must cancel an appointment, I require at least two full business days' notice; otherwise, the ordinary session fee will be charged without further notice.**
- Patients who miss, cancel, or reschedule appointments excessively will be discharged from the practice.
- All visits are by appointment only. Walk-ins cannot be accommodated.

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CONTACTING DR. SPENCER

- All calls will be answered by my voice mail system. Please leave a confidential voice mail at any time. I aim to return routine voice mails the same or the next business day. If 24 hours have elapsed and you have not heard back, please call again. You may also send a text message to the office number, 310-425-3820. Text messages to this number are reviewed during business hours and will be responded to routinely.
- I am notified of voice mails from 8 AM - 5 PM, Monday-Friday, excluding holidays. If you think you are having a medical or psychiatric emergency, please **dial 911 or go to the nearest emergency room.**
- You may send a non-confidential email, for routine matters, to:
spencer@edwardspencermid.com. Emails will be returned during business hours only.

BILLING AND INSURANCE

- I do not participate in any insurance company network, with the exception of fee-for-service Medicare insurance. Payment is requested at the time of service. Statements are available on request.
- I will provide information to you for you to submit a claim to your insurance company, or submit claims electronically on your behalf if your insurance company accepts electronic claims submission.
- Payment is accepted by cash, check, or credit card. Credit card numbers will be kept on file. Balances due will be charged to credit cards on file on the day of the appointment unless other arrangements are made.
- All professional fees are non-refundable. Returned checks will be subject to reprocessing plus an administrative fee of \$35.00. Credit card chargebacks will result in discharge from the practice.

INSURANCE INFORMATION

- Be aware that your insurance benefits may be limited by one or more of the following factors:
 - You have an EPO, HMO, or other closed network plan, such as Blue Shield's Individual Market EPO plans. These plans provide benefits only when you see an in-network provider.
 - Your insurance benefits are through Medi-Cal. Medi-Cal only provides benefits when you see an in-network provider.
 - Your plan requires prior authorization for mental health services.
 - Your plan does not cover mental health services.

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- Your plan requires a high deductible and/or provides only minimal reimbursement for out-of-network services.
- If you are unsure about the details of your plan and what level of benefits your plan provides, please contact the insurance company directly.
- Insurance benefits may be paid to this office directly. In such a case, your account may have a credit or negative balance. Please review your insurance company's explanation of benefits for details.

CONTROLLED SUBSTANCES

- Prescriptions for controlled substances require regular in-person office visits at intervals determined to be medically appropriate by Dr. Spencer. Refills will be provided through the next scheduled office visit.
- The California Controlled Substance Utilization Review and Evaluation System (CURES) database, and other centralized databases containing your prescription history with Dr. Spencer and any other providers will be checked routinely as required by law.
- If an early refill is needed for any reason, an appointment will be required before such a prescription can be written. No early refills can be called in to a pharmacy without an appointment.
- If you are unable to attend a previously scheduled appointment to pick up a refill prescription, I may, at my discretion, authorize a refill for up to 30 additional days.

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INFORMED CONSENT FOR TREATMENT

By signing this form, you indicate that you have read and agree to the conditions of receiving services from Dr. Spencer outlined here:

- Dr. Spencer is not an in-network provider with any insurance company, and you are responsible for payment of the full session fee at the time of the visit, regardless of any insurance company determination.
- Professional fees include: \$550.00 for the initial consultation and up to \$325.00 for subsequent visits. All professional fees are nonrefundable. Any returned payments are subject to reprocessing and a \$35.00 fee.
- Credit card information submitted will be kept on file and the card will be charged whenever a balance is due. A balance may be due in the following situations, and others not listed: no-show or late cancellation charges, balances due after adverse decisions are made during adjudication of claims by an insurance company, or when services are provided and payment is not made at the time of service by cash, check, or credit card.
- You authorize Edward Spencer, M.D. P.C., to bill your insurance company for charges incurred during the course of your treatment and to provide any information necessary to process claims and collect payment, and you authorize your insurance company to honor a photocopy of this authorization form.
- You understand that Dr. Spencer may from time to time and without further notice, access and review information about your prescription history from centralized reporting databases, as required by law. Information retrieved from these databases will be made a part of your medical record.
- If a scheduled session is missed, cancelled, or rescheduled with less than 48 business hours' notice, the full session fee of up to \$325.00 will be billed to your account and charged to the credit card on file without further notice.
- You accept the conditions outlined above for receiving services from Dr. Spencer. You may receive a copy of Dr. Spencer's Notice of Privacy Practices on request. You have been advised that medical doctors are licensed and regulated by the Medical Board of California.

Name: _____

Signed: _____ Date: _____

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Credit Card Authorization Form

If you wish to pay by credit card, please complete the information below.

Cardholder name: _____

Credit card type: Visa MasterCard American Express Discover

Credit card number: _____

CVV: _____ Billing Zip Code: _____ Expiration Date: _____

I authorize Edward Spencer, M.D., to keep securely on file indefinitely, the above credit card number, and to charge this card without advance notice to me whenever a balance is due. A balance may be due in the following situations, and others not listed: no-show or late cancellation charges of up to \$325.00, balances due after adverse decisions are made during adjudication of claims by an insurance company, or when services are provided and payment is not made at the time of service by cash, check, or credit card.

Signed: _____

Date: _____