

KENNETH R. COHEN, M.D.

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**MAIL@KENNETHRCOHENMD.COM
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PATIENT INFORMATION

NAME:

STREET ADDRESS:

CITY, STATE, ZIP CODE:

TEL (INDICATE PRIMARY WITH ASTERISK):

HOME:

WORK:

MOBILE:

EMAIL:

DATE OF BIRTH:

REFERRED BY:

PRIMARY CARE DOCTOR:

TEL:

EMERGENCY CONTACT NAME:

ADDRESS:

TEL:

_____(SIGNATURE) I HAVE RECEIVED A COPY OF, ACKNOWLEDGE,
AND CONSENT TO DR. COHEN'S TREATMENT AGREEMENT.

DATE

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TREATMENT AGREEMENT

POLICY REGARDING PAYMENT AND INSURANCE

PAYMENT FOR THE INITIAL EVALUATION AND FOLLOW UP APPOINTMENTS IS REQUESTED AT THE TIME OF SERVICE, EITHER BY CHECK, CASH, OR CREDIT CARD (FEE APPLIES). PATIENTS ATTENDING SESSIONS MORE THAN ONCE PER MONTH WILL GENERALLY BE BILLED ON A MONTHLY BASIS, AND PAYMENT IS EXPECTED WITHIN TEN DAYS OF THE DATE OF THE STATEMENT. IF, IN THE COURSE OF OUR WORK, COLLECTING PAYMENT FOR SESSIONS BECOMES A TIME CONSUMING EFFORT ON MY PART, I RESERVE THE RIGHT TO REQUEST PAYMENT IN ADVANCE OF SCHEDULING FUTURE SESSIONS.

PLEASE NOTE THAT I AM CONSIDERED OUT OF NETWORK FOR ALL INSURANCE CARRIERS (INCLUDING MEDICARE), BUT I WILL PROVIDE YOU WITH A DOCUMENT CONTAINING ALL THE RELEVANT AND NECESSARY INFORMATION FOR YOU TO SUBMIT TO YOUR INSURANCE COMPANY (NOT MEDICARE, HOWEVER, FOR WHICH A SEPARATE CONTRACT APPLIES), AND YOU WILL BE REIMBURSED BASED UPON YOUR OUT OF NETWORK BENEFITS. PAYMENT OF YOUR BALANCE IS NOT CONTINGENT UPON REIMBURSEMENT BY YOUR INSURANCE COMPANY.

THERE MAY BE OTHER CIRCUMSTANCES IN WHICH I CHARGE A FEE FOR A PARTICULAR SERVICE. HOWEVER, YOU WILL BE NOTIFIED IN ADVANCE OF THE SERVICE RENDERED.

CANCELLATION AND MISSED SESSION POLICY

IF YOU NEED TO CANCEL OR RESCHEDULE AN APPOINTMENT FOR MEDICATION MANAGEMENT (30 MINUTES), **72 HOURS ADVANCE NOTICE** IS REQUIRED. IF YOU CANCEL OR RESCHEDULE WITHIN 72 HOURS OF YOUR SCHEDULED APPOINTMENT, OR YOU MISS AN APPOINTMENT, AND I AM UNABLE TO FILL THE TIME SLOT, I CHARGE THE FULL FEE FOR THE SESSION, IRRESPECTIVE OF THE CIRCUMSTANCE CAUSING THE ABSENCE. EXCEPTIONS ARE MADE IN THE CASE OF SERIOUS MEDICAL ILLNESS OR FAMILY EMERGENCIES, AT MY DISCRETION.

IT IS A COMMON PHENOMENON IN PSYCHIATRIC TREATMENT, ESPECIALLY IN PSYCHOTHERAPY, THAT PATIENTS MAY MISS SESSIONS DUE TO UNCONSCIOUS AMBIVALENCE. HUMAN AND TECHNOLOGICAL ERROR CAN INTERFERE WITH YOUR INTENTION TO KEEP AN APPOINTMENT. LASTLY, ENVIRONMENTAL CIRCUMSTANCES CAN INTERFERE. I ASK YOUR UNDERSTANDING THAT I EMPLOY TO A SIMPLE, CLEAR SET OF GUIDELINES REGARDING YOUR ACCOUNTABILITY TOWARD RESERVED TIMES AND THANK YOU IN ADVANCE FOR YOUR COOPERATION.

POLICY REGARDING PRESCRIPTIONS

1. PRESCRIPTIONS ARE ALWAYS WRITTEN DURING A PATIENT'S SESSION. THEREFORE, PLEASE ASSESS YOUR POTENTIAL NEED FOR A PRESCRIPTION BEFORE EACH AND EVERY VISIT, WHETHER THE VISITS ARE THREE TIMES PER WEEK OR THREE TIMES PER YEAR. ASK FOR RENEWAL PRESCRIPTIONS AT THE BEGINNING OF OUR MEETING, SO THAT THEY CAN BE COMPLETED IN A TIMELY FASHION. **PRESCRIPTIONS REQUIRED BETWEEN APPOINTMENTS ARE SUBJECT TO A \$50 ADMINISTRATIVE FEE.** KEEP THIS FEE IN

MIND WHEN YOU FIND THE NEED TO RESCHEDULE AN APPOINTMENT. CONSIDER MEETING SOONER THAN THE ORIGINALLY SCHEDULED APPOINTMENT, AS A POSTPONEMENT MAY RESULT IN RUNNING OUT OF MEDICATION PREMATURELY.

2. ALWAYS CHECK YOUR MEDICATION BOTTLES FOR THE APPROPRIATE NUMBER OF PILLS AND REFILLS WHEN YOU PICK THEM UP FROM THE PHARMACY. I CANNOT TAKE RESPONSIBILITY FOR ADMINISTRATIVE ERRORS ON THE PART OF A PHARMACIST.

3. DO NOT MAKE MEDICATION CHANGES WITHOUT CONTACTING ME. I AM ALWAYS HAPPY TO DISCUSS ANY TREATMENT ISSUE, EVEN ON WEEKENDS IF THE MATTER IS URGENT. WHEN YOU CHANGE YOUR REGIMEN WITHOUT CONTACTING ME, YOU DEPRIVE YOURSELF OF THE KNOWLEDGE AND EXPERIENCE I IMPART TO YOUR TREATMENT. FROM A LOGISTICAL PERSPECTIVE, CHANGING YOUR REGIMEN MAY LEAD TO AN UNEXPECTED SHORTAGE OF MEDICATION. YOU WILL THEN HAVE TO CONTACT ME FOR ANOTHER PRESCRIPTION, WHICH PLACES AN ADDED FINANCIAL BURDEN ON YOU. OF COURSE, IF I HAVE BEEN CHANGING THE DOSAGE OF YOUR MEDICATION BETWEEN APPOINTMENTS, I WILL MAKE ANY NECESSARY PRESCRIPTION ARRANGEMENTS AT NO CHARGE TO YOU, EITHER BY MAIL TO YOU OR BY FAXING YOUR PHARMACY.

4. IF YOU NEED A PRESCRIPTION FOR A MEDICATION, AND YOU DO NOT HAVE AN APPOINTMENT IN TIME TO FULFILL THIS NEED, PLEASE CONTACT ME **BY EMAIL** (NOT PHONE, UNLESS YOU HAVE NO ACCESS TO EMAIL). YOUR CHOICE IF YOU NEED MEDICATION URGENTLY IS ONE OF THE FOLLOWING, AND THE ADMINISTRATIVE FEE APPLIES:

A. IF THERE IS SUFFICIENT TIME, I CAN MAIL YOU THE PRESCRIPTION.

B. I CAN FAX THE PRESCRIPTION TO THE PHARMACY (THIS CANNOT BE DONE FOR CONTROLLED SUBSTANCES).

C. I CAN LEAVE A PRESCRIPTION AT THE FRONT DESK OF MY BUILDING (NEW YORK OFFICE ONLY) AND YOU MAY PICK IT UP AT YOUR EARLIEST CONVENIENCE.

5. THE FOLLOWING INFORMATION IS NECESSARY IN THE EMAIL REQUEST FOR A PRESCRIPTION:

A. THE NAME OF THE MEDICATION **AND** ITS STRENGTH (MG PER PILL)

B. NUMBER OF PILLS TAKEN DAILY (1 PILL THREE TIMES PER DAY, 2 PILLS AT BEDTIME, ETC)

C. YOUR MAILING ADDRESS, **OR**

D. THE **FAX NUMBER** OF YOUR PHARMACY (AGAIN, NOT FOR CONTROLLED SUBSTANCES)

E. YOUR CONTACT TELEPHONE NUMBER

6. **I DO NOT PHONE IN PRESCRIPTIONS TO A PHARMACY, NOR DO I RESPOND TO MESSAGES FROM PHARMACISTS, SO DO NOT ASK OR ENCOURAGE THEM TO CONTACT ME DIRECTLY.** PHONING IN PRESCRIPTIONS CONTRIBUTES TO POOR RECORD KEEPING AND THEREFORE COMPROMISED CARE OF YOU AS MY PATIENT. THE ONUS OF CONTACTING ME REGARDING THE NEED FOR PRESCRIPTIONS FALLS SOLELY TO YOU, UNLESS THE PHARMACIST HAS A DIRECT QUESTION FOR ME ABOUT THE PRESCRIPTION ITSELF.

7. IF I HAVE MADE A PRESCRIBING ERROR, PLEASE CONTACT ME AS SOON AS POSSIBLE AND I WILL RECTIFY THE SITUATION, OBVIOUSLY AT NO ADMINISTRATIVE COST TO YOU. I APOLOGIZE IN ADVANCE FOR ANY ERROR I MIGHT MAKE IN THE FUTURE.

THANK YOU IN ADVANCE FOR YOUR COOPERATION IN MAKING YOUR TREATMENT AS CAUTIOUS, SAFE, ORGANIZED, AND RESPONSIBLE AS POSSIBLE. MY FIRST PRIORITY IS SUPERIOR AND METICULOUS CARE OF MY PATIENTS. I PROMISE THAT YOUR COMPLIANCE WITH THE ABOVE WILL GREATLY CONTRIBUTE TO THE ATTAINMENT OF OUR GOAL.