

Andrew Kopelman, M.D.  
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### **Office Policies**

Fees are due and payable upon completion of the visit, unless prior financial arrangements have been made. Please include the complete name of the patient on your check.

This office does not deal directly with insurance carriers. Your statement will include all of the information necessary for insurance claims. It is suggested that you submit the claim as soon as you receive the statement and keep a copy for your records. The patient or responsible person is ultimately accountable for all fees due to Dr. Kopelman.

**Full session fee will be charged for cancelled or missed appointments unless 48 hours notice (2 business days) has been given.**

For patients on medication, please allow two business days for a prescription refill if you will not be seeing Dr. Kopelman before running out of medication. Please state the full name of the patient, birth date, medication name, dosage, frequency and pharmacy telephone number in your message.

In the event of a medical emergency, Dr. Kopelman can be reached by the cell phone number listed on his office voicemail. Please leave a message at the office first and then call the emergency number. This number should not be used for scheduling/canceling appointments, medication refills, etc. If you are unable to reach Dr. Kopelman, you should proceed to the nearest emergency room.

I agree to the above office policies.

Signature: \_\_\_\_\_