



Center for Adult & Geriatric Psychiatry

2002 Richard Jones Rd
Suite C 206
Nashville, TN 37215
Phone: 615-383-0055

111 Highway 70 East
East Pavilion, 2nd Floor MH2-227
Dickson, TN 37055
Phone: 615-383-0055

www.DrRajPsychiatry.com

PRIOR APPROVAL AGREEMENT

I _____, understand that my insurance company may require prior approval on medication/s prescribed by Dr. Rajpura. This is a service that is often required by my insurance company, but not covered under the terms of my policy. In other words, insurance company cannot be billed for this imposed requirement and **I will be responsible for a PRIOR APPROVAL FEE OF \$ 25.00 per medication.** Prior approval fee is due before requesting service.

I understand that Prior Approval Fee is for making an attempt to obtain prior approval and there is no express or implied promise made. I also understand that while reasonable efforts will be made by Dr. Rajpura/staff to secure approval, paying this fee is not a guarantee that my insurance company will approve the medication/s. This is decision made by insurance company per their policy and not by Dr. Rajpura or office staff.

I do understand that I have a right to refuse to request prior approval and not pay for this service. In the case, it is my responsibility to discuss with Dr Rajpura what if any options I may have regarding my medication/s. If I choose to refuse recommended treatment, only myself will be responsible for making that decision.

Patient/Guardian

Date

Witness

Date