Vani Rao, MD

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**FEES AND PAYMENT POLICIES**

**Fee Schedule**

**Initial Appointment:**

$550.00 for 2-hour session

**Follow-up Visits**

1-hour session: $300.00

½ hour session: 225.00

Single Consultation: $1000.00

Information/Education: $300.00/hour

*Appointments:* The initial appointment for 2 hours is scheduled following a brief conversation by phone. Follow-up appointments are either 1-hour session or ½ hour session (usually medication management). Single consultations for a second opinion are 2-3 hours long and scheduled only after records are obtained from the treating clinician(s). Telephone appointments are billed at the same session rates indicated above. Be aware that most insurance plans do not reimburse for telephone appointments. At a minimum the person receiving treatment should be seen at least once every three months.

*Payment of Fees:* All charges are due the day of service and payable by cash, check, or credit card (Visa, Master Card, Discover, American Express). Checks should be made payable to "Vani Rao, M.D. PLLC." Late fees may apply for any outstanding balances, and interest fees of 2.0 percentage per month will be assigned to all charges which are 60 days or older. Accounts, which are delinquent, may be sent to collections. There will be a processing charge for returned checks.

*Medical Insurance:* Charges are due the day of service regardless of your insurance status. If you have medical insurance, it is your responsibility to file all claims for reimbursement with your insurance company. Dr. Rao will be happy to assist you by supplying you with bills, diagnoses, and any information required by your carrier, but payment is expected from you directly. Dr. Rao has opted out of Medicare; therefore, those individuals with Medicare who wish to see her must sign an agreement that states that they will not submit claims to Medicare.

**CREDIT CARD Information**

**You do NOT have to provide this if you are not comfortable**

Name:

Billing Address:

Credit Card: Visa Master Card Discover American Express Credit Card Number: Expiration Date:

Verification Code:

Zip Code

 Signature:

 Date: