

Mailing Office Nicholas Lawrence Ranallo M.D. 2937 Daniel Ave Dallas, Texas 75205 (214) 796-9499 (8 am – 4 pm)
DEA Registration 8115 Preston Road STE 660 Dallas, Texas 75225

Informed Consent

(1 of 2)

Goldfish (Goldfish Concierge Psychiatry PLLC) is operated by Nicholas Ranallo M.D. (practicing medicine in Texas and Missouri). Goldfish shall provide outpatient psychiatric care including medication management as agreed upon in the medical records. Generally, in-person appointments will not exceed 1 per month. Communication during business hours 8 am-4 pm (214) 796-9499 is appropriate. Outside of business hours, communication by pager (800) 200-4147 [after the beeps enter callback number then hit pound # twice, a series of beeps will be heard confirming the page] is best. Email (nicholas.ranallo@protonmail.com) is also available.

(initial below)

I, _____, agree to enter a treating relationship with Goldfish Concierge Psychiatry PLLC. I am able to make personal medical decisions and/or have an MPOA to do so. I will use non-outpatient services (lab, emergency care, urgent care, etc.) in addition if so advised and under no circumstances do I expect these services to be covered by this agreement. I will be responsible for communicating my medical history and understand what services are covered by this contract. I agree to adhere to the treatment plan reviewed at appointments, and will communicate if I feel a deviation is warranted. I understand informed consent is an ongoing process, and this explicit agreement is an essential initial foundation of my consent.

(initial below - make one selection) checks can be made to: Goldfish Concierge Psychiatry PLLC and sent to mailing office

In-person care is the highest standard of care. For controlled substances, in person visits are required once per annum at minimum, and will be conducted in a mutually agreed upon location.

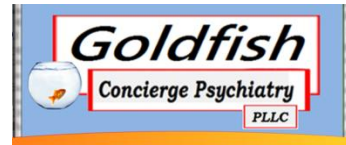
I, _____, have included USD 655.00 with this contract whereby my initial in-person appointment will begin the first quarter of our treating relationship. Treatment is guaranteed for 14 days at minimum irrespective of circumstance. I will renew payments quarterly and failure to do so will result in provisional discontinuation plan to be reviewed as soon as possible. Records can be obtained for USD 6.00 per note per encounter.

I, _____, have included USD 330.00 with this contract whereby my initial telephone appointment will begin the first quarter of our treating relationship. Treatment is guaranteed for 14 days at minimum irrespective of circumstance. I will renew payments quarterly and failure to do so will result in provisional discontinuation plan to be reviewed as soon as possible. Records can be obtained for USD 6.00 per note per encounter.

Termination can occur at any time, for any reason, or no reason whatsoever. A refund can be issued if termination occurs within 90 days of signing this contract. I understand a referral to expedite care continuity may be made by Goldfish Concierge Psychiatry. In event of intent to terminate our relationship, I will never expect more than 3 months of treatment continuation. During this time, I will make good faith efforts to establish care with a new provider. I accept full responsibility for consequences of failure to adhere to continuity of care recommendations. Relevant considerations include no third party insurance, Medicare, Medicaid, or other payor are accepted. In many circumstances, reimbursement from insurance companies is available upon proof-of-payment. Under no condition shall the cost of pharmaceuticals be incurred by Goldfish.

I consent to treatment from Dr. Nicholas Ranallo as described in this Informed Consent patient agreement.

_____	_____	_____	(_____)	_____
Signature	Date	Address	Telephone	Email
_____	_____	_____	(_____)	_____
Signature MPOA/Emergency	Date	Address	Telephone	Email



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Automotive Agreement For Travel Time Compensation

(2 of 2)

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(initial below)

I, _____, agree to enter a treating relationship with Goldfish Concierge Psychiatry PLLC whereby, to optimize patient experience, house calls and/or visits in locations requiring automotive travel will be conducted. Compensation for such travel by means of a time-based billing addendum to the quarterly payment for care pursuant to the Informed Consent is warranted.

I understand the \$655.00 quarterly fee applies to individuals within a 10 (ten) minute drive from Goldfish mailing address. This encompasses associated traffic and other road conditions, in consideration. For example, should Goldfish Concierge Psychiatry PLLC drive less than 10 minutes to visit me (requiring round trip travel of <20 minutes), this agreement will not apply.

I agree to compensate Goldfish Concierge Psychiatry PLLC for unidirectional transport time in excess of 10 minutes (round trip in excess of 20 minutes) for each in-person appointment at a rate of \$2.00 per minute.

For example, should Goldfish Concierge Psychiatry PLLC visit my location 30 minutes away, requiring 60 minutes of to-and-from automotive time for a single quarterly appointment, a \$2.00 per minute charge will be applied to my quarterly invoice (or separately as 40 minutes of to-and-from travel time or \$80.00 will be billed in addition to the \$655.00 quarterly fee for a total of \$735.00). In the event 2 quarterly appointments are necessary under the same conditions, 80 minutes of travel time will be billed (\$815.00), and so on.

I understand these payments are non-refundable under any conditions. Moreover, I understand road conditions may change over time. In the event of a dispute over application of this agreement, I will contact Goldfish Concierge Psychiatry PLLC within 7 days of receipt of my quarterly invoice. Goldfish Concierge Psychiatry PLLC will apply this agreement in good faith, and only in rare circumstances does Goldfish Concierge Psychiatry PLLC expect disputes over road travel time. Moreover, I understand rate of billing is reviewed for revision quarterly and website documents will reflect the current rate. Should forms of transport be used other than automotive, an independent agreement will obviate this one.

I consent to Dr. Nicholas Ranallo's Automotive Agreement For Travel Time Compensation.

_____	_____	_____	(_____)	_____
Signature	Date	Address	Telephone	Email
_____	_____	_____	(_____)	_____
Signature MPOA/Emergency	Date	Address	Telephone	Email

