

Get a relationship with...

Nicholas L. Ranallo M.D.

GOLDFISH CONCIERGE PSYCHIATRY PLLC
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DEA

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Checks can be made out to :
"GOLDFISH CONCIERGE PSYCHIATRY PLLC"

For controlled substances, in person visits are required, and will be conducted in a mutually agreed upon location once per year at minimum. This may be at a formal office building. Phone visits will be especially secure without eversdropping, espionage, or other impingement. This may include precautionary measures not generally taken at standard-of-care medical facilities.

_____ I agree to pay 330USD for an initial telephone visit where my goals will be facilitated by a treatment protocol to be agreed upon at the end of the appointment. Treatment is, in most cases, guaranteed for a minimum of 14 days. Payments are to be renewed quarterly. Invoices will be mailed (with a stamp) within a week of payment confirmation.

Non-payment by the end of the quarter will result in provisional discontinuation treatment plan to be reviewed as soon as possible.

_____ I agree to pay 65USD for an initial in-person visit where my goals will be facilitated by a treatment protocol to be agreed upon at the end of the appointment. Treatment is, in most cases, guaranteed for a minimum of 14 days. Payments are to be renewed quarterly. Invoices will be mailed (with a stamp) within a week of payment confirmation.

Non-payment by the end of the quarter will result in provisional discontinuation treatment plan to be reviewed as soon as possible.

I consent to treatment as proposed by Goldfish.

(signed)

(dated)



Goldfish shall provide outpatient adult psychiatric treatment with accompanying medication management as agreed upon in the medical records. Generally, in person visits will not exceed 12 per year and may be less frequent depending on case progress. Bona-fide patients to communicate via clinic phone (8am-4pm) & patient pager (24hrs/365d) in event of any contact whatsoever. Email can be used without response guarantee (nicholas.ranallo@protonmail.com). Patient pager will be answered within moments generally and no later than 24hrs altogether.

I, _____ of my own free will agree to enter into a treating relationship with Goldfish as outpatient of bona-fide status. I will use non-outpatient services (lab services, urgent, emergency care, inpatient care, etc.) services in addition to services provided by Goldfish if advised and under no circumstances do I expect non-outpatient services to be provided by Goldfish. I do not expect Goldfish will have knowledge of my medical care beyond that which I have communicated or authorized. I have been informed of limitations of services offered by Goldfish and have an understanding of what is, and is not, being provided by entering a treating relationship. I agree to the treatment plan as outlined to me at the in-person consultation with Goldfish and documented in the medical records maintained by Goldfish and have had adequate opportunity to ask questions to my satisfaction. I understand consent is an ongoing process and this explicit agreement is one way in which my consent is established and recorded.

TERMINATION

Either party may terminate the treating relationship at any time, for any reason so long as it is provided in writing to the other party. In event Goldfish informs me, or I inform Goldfish, of an intent to terminate the treating relationship, I agree a maximum of a three month period of treatment continuation where applicable while I make good faith efforts to establish with a new provider. I accept full responsibility for any event resulting from failing to schedule follow up care as advised by Goldfish. In event of termination, patient pager will no longer be used to contact Goldfish under any circumstances whatsoever.

CONSIDERATIONS

PLEASE READ THE FOLLOWING CAREFULLY AS IT MAY BE RELEVANT TO YOU.
No hospitalizations, privileges, or emergency services are offered or provided for by Goldfish. No third party insurance, Medicare, Medicaid, etc accepted. If you rely on any third party payment this practice may not be suitable for you. Cost of medications and other things not included.