

**Lukshmi Puttanniah, M.D.**  
Child, Adolescent, & Adult Psychiatry  
155 N. Dean St.  
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Phone 201.308.3585 Fax 201.301.8895

**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. The responsible party

Dr. Puttanniah does not participate in any insurance plans as an in-network provider. However, she is able to provide patients with an invoice that can be submitted to most major insurance companies for out-of-network reimbursement, if eligible. This invoice will include Dr. Puttanniah's tax identification number, date(s) of service, CPT procedure code(s), diagnostic code(s), and session fees. 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. Puttanniah.

There is a 24 hour (1 business day) cancellation policy. Missed appointments without 24 hour notice will be billed the standard full session fee for the appointment.

For patients on medication, please allow two business days for a prescription refill if you will not be seeing Dr. Puttanniah 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. Puttanniah can be reached at her office phone number. If you are unable to reach Dr. Puttanniah, you should proceed to the nearest emergency room.

I agree to the above office policies.

Signature of Responsible Party: \_\_\_\_\_

Name of Patient (printed): \_\_\_\_\_

Relationship to patient (if not self): \_\_\_\_\_

Date: \_\_\_\_\_