

Angel V. Shannon, MS, CRNP
Seva Health, LLC
3701 Old Court Road, Suite 14A
Pikesville, MD 21208
T: 410-299-3803
email: care@sevahealthgroup.com

PRACTICE POLICIES

PRACTICE DESCRIPTION:

Angel Shannon is a board certified Adult-Gerontological Primary Care Nurse practitioner with license to practice in the state of Maryland. She is extensively trained and experienced in integrative health, functional medicine and behavioral health medication management. Angel Shannon does not provide emergency or urgent care. All medical concerns that are of emergent or urgent nature must be addressed in the Emergency Room setting.

OFFICE HOURS:

Office hours are as posted on our website at: www.sevahealthgroup.com. All first appointments are considered a consultation and initial evaluation. Angel Shannon will let you know if the services requested are within her scope of practice and if services can be continued beyond the first appointment.

PAYMENT POLICY:

All new clients will need to pay the initial evaluation fee and any applicable co-pays at the time services are rendered. If the client decides to work with Angel Shannon/Seva Health, LLC then fees are due at the time of service unless other arrangements have been made. Payment can be made via cash, check or credit/debit card (see below). **Angel Shannon/Seva Health, LLC contracts with CareFirst of Maryland and Traditional Medicare ONLY.** Please check with your insurance company to verify active enrollment, your current deductible and in-network vs out-of-network benefits. Angel Shannon can fill out necessary forms, however, your insurance company may or may not decide to reimburse you.

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Please note that all charges that are past due over 60 days may be sent to collections unless other arrangements have been made with Angel Shannon, MS, CRNP/Seva Health LLC.

APPOINTMENT CHANGES/CANCELLATIONS:

Our practice aims to provide exceptional integrative healthcare options to you. We offer longer and more comprehensive appointments than most traditional medical practices. Therefore, we ask that you notify our office at 410-299-3803 within 24 hours notice of your appointment so that the time slot can be offered to other clients seeking care. Note that we do not accept text messages of any kind for cancellations. **Clients will be charged \$125 for no-shows or cancellations given less than 24 hours in advance to the payment source on file.** After three (3) no-shows or three (3) late cancellations within six months clients will be discharged from our practice. If for any reason the payment source is rejected and the account balance not cleared, no further appointments will be scheduled. If the balance remains unpaid for 30 days or more the client will be considered discharged from the practice.

TELEPHONE POLICY:

To provide quality care, we will return routine phone calls made between 9:00 a.m. and 5:00 p.m. within 48 **business** hours. Routine calls received after 5:00 p.m. or on weekends may be returned the following business day. Please be advised that this is for brief calls (less than 10 minutes). For more extensive phone calls, please schedule an appointment. There may be a charge for routine phone calls over 15 minutes and the client will be charged as applicable. If the issue is urgent please convey this when making your call. If someone is in imminent danger of harming themselves or others, please call 911.

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EMAIL MESSAGING POLICY:

By communicating with via email, you are assuming a degree of risk of breach of privacy beyond that inherent in other modes of traditional communication (such as telephone, hand- written or face-to-face). Angel Shannon, MS, CRNP/Seva Health, LLC cannot insure the confidentiality of electronic communications against purposeful or accidental network interception and you agree to not hold Angel Shannon, MS, CRNP or Seva Health, LLC liable should this occur. Due to this inherent vulnerability, Angel Shannon, MS, CRNP/Seva Health LLC cautions you against emailing anything of a very private nature. Additionally, Angel Shannon, may save email messaging correspondence with you and these communications will be considered as part of the medical record. Never send emails of an urgent or emergent nature. **If you believe anyone is in danger of harming themselves or others, please call 911.**

EMERGENCIES:

Angel Shannon can be reached at 410-299-3803 for urgent medication or medical matters. Please leave a detailed message and Angel Shannon will return your call as soon as possible. **If you have an emergency and/or you believe anyone is a danger to themselves or others, please call 911.**

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TELEPHONE OR EMAIL MESSAGING REFILL POLICY:

Medication refills may be requested by either phone or email message between 9:00 a.m. and 3:00 p.m. and will be called into the pharmacy on the same business day the request is made. Requests made after 3:00 p.m. will be called into the pharmacy on the following business day. Medications will not be called in over the weekend except for emergencies. When requesting a refill please provide the following: (1) your name, (2) your date of birth, (3) name of medication you are requesting, (4) dosage and (5) pharmacy telephone number. Prescriptions may only be called in for patients who are current patients and who maintain their appointments. **No medications will be refilled for clients who have not been seen by Angel Shannon for more than three months or 90 calendar days.**

FORMS POLICY:

All requests for forms completion or copies of medical records must be made in writing and sent to care@sevahealthgroup.com to the attention of the administrative coordinator. Forms will be completed within 7-10 business days and returned to client via encrypted email. For request that exceed 5 pages, a fee of \$25 will be assessed, payable upon completion of forms.

PRESCRIPTION MONITORING POLICY:

The Prescription Drug Monitoring Program (PDMP) collects data for Schedule II through Schedule V drugs in a central database, the Prescription Monitoring and Reporting System (CRISP). CRISP provides a complete picture of an individual's controlled substance use in Maryland. Angel Shannon will review the CRISP at least once every three months. Angel Shannon will discharge clients from her service if they are discovered to be securing Schedule II through Schedule V drugs from

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several providers and obtaining multiple prescriptions or if misuse, abuse or sale is suspected.

TERMINATION OF SERVICES POLICY:

Angel Shannon, MS, CRNP/Seva Health, LLC reserves the right to terminate services at her discretion. Reasons for termination may include: (1) untimely payment of fees, (2) repeated late cancellations or no-shows, (3) failure to reasonably comply with treatment recommendations, (4) conflict of interest and/or (5) the patient's needs are outside the scope of competence or practice. Clients are under no obligation to continue services should they decide to terminate at anytime. Clients who have not been seen in our office within 9 calendar months will be considered terminated. It is the client's responsibility to inform Seva Health, LLC of documents needed to support transition of care to another provider.

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GUARANTOR-FINANCIAL RESPONSIBILITY AGREEMENT

I, the undersigned, agree that regardless of any insurance coverage, I am financially responsible for all charges generated by

(Full Name of Client)

I understand that office policy requires payment at the time of service. I also understand that unpaid balances over 90 days past due will be referred to collections.

Date: / /

Name of Guarantor: _____

Signature of Guarantor: _____

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CREDIT/DEBIT CARD PAYMENT FOR SERVICES

VISA <input type="checkbox"/>	Master <input type="checkbox"/> ard	American Express
Name as it appears on card: _____		
Credit/Debit Card Number: _____		
Billing Zip Code: _____	Expiration Date: _____ / _____	Security Code: _____

I, the undersigned, authorize Seva Health, LLC to bill the above credit/debit card for professional services for

(Full name of the Client)

As outlined in the Policies. I understand the billing statement will be recorded as Angel Shannon, MS, CRNP / Seva Health LLC. I will notify Angel Shannon and Seva Health, LLC in writing if I no longer want my credit/debit card billed.

Date: / /

Name of Cardholder: _____

Signature of Cardholder: _____

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CREDIT CARD PAYMENT FOR LATE CANCELLATIONS

I, the undersigned, authorize Seva Health LLC, to bill the above credit/debit card \$125 when advance notice for a late-cancellation is not provided, as per the attached office policies.

Date: / /

Name of Cardholder: _____

Signature of Cardholder: _____

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ACCEPTANCE OF POLICIES

Angel Shannon, MS, CRNP is committed to providing professional services of the highest quality and standards. In order to serve her clients efficiently and responsibly she requires agreements be made as to the policies stated above. Clients and guarantors are encouraged to ask questions before signing.

I have read the policies, understand and agree with them. I have received a copy of these policies for my records.

Client's signature _____ Date: / /

Guardian if client is a minor: _____ Date: / /

Guarantor (if applicable): _____ Date: / /