

Your child has an appointment with Dr. Ella Komarovsky.

Enclosed you will find several questionnaires and forms that we ask you to complete. It is important that we receive these questionnaires and forms at the time of your child's appointment.

- The **Parent Questionnaire** asks questions about your child's health, development and family life.
- **Client Information Form and Consents and Authorization Form** are both carbon forms that gives us demographic information and consent for us to provide treatment. Please press firmly when completing the form. We will need the signature of a parent for "Signature of Responsible Party". **All children 12 and older must sign the form where patient is indicated.**
- **Medical/Social History Form** – this is a two sided form that needs to be completed and signed on the second page as well.
- **Authorization to Release Information Forms** – Complete this form for anyone you would like Dr. Komarovsky to be able to discuss your case with. This can include school, therapist, pediatrician or whomever will need information about treatment and care.
- **Exchange of Information Form** – is a form that communicates brief information to your primary care physician. If you would like us to communicate with your PCP, please complete this form with your physician's information filled in. We will need a fax number so we can fax the form over to your PCP.
- **Please Bring:** Photo ID from parent and Child if child has school ID and your insurance card.

**Please DO NOT date any forms, everything needs to be dated in the office at the time of the appointment. Please have both parents/legal guardians sign Consent and Authorization Form.**

In addition to the forms, you will find **Dr. Komarovsky's Practice Guidelines**. Please sign the last page and return it with your paperwork. Feel free to discuss any questions or concerns regarding Dr. Komarovsky's Practice Guidelines when you have your initial visit.

The following items will also be helpful to have if available:

- A copy of any previous psychiatric records.
- A copy of any previous neuropsychological or psychological evaluations.
- If applicable, a copy of the most recent IEP.
- A copy of physician records outside of routine medical care.

This information is important to gain full understanding of your child's past and current situation and will help to guide the ongoing assessment and treatment of your child. Please contact our office with any questions or concerns.

Sincerely,

*Dr. Ella Komarovsky, M.D.*

Welcome to the practice of  
**Dr. Ella Komarovsky**  
*Child / Adolescent Psychiatrist*

The following guidelines have been outlined to help you access treatment and care in the simplest yet clinically appropriate manner. It is important that all patients understand and adhere to these guidelines for continuation of treatment provided by Dr. Ella Komarovsky and Perakis, Resis, Woods & Associates. Dr. Komarovsky wants to give each of her patients that are scheduled for an appointment her full attention, therefore, the following guidelines will help eliminate unnecessary phone calls, voicemails and pages allowing Dr. Komarovsky to see her office patients in a timely fashion.

**Appointments**

It is important that you keep your follow up appointments in order to ensure continuation of refills of your medication. Dr. Komarovsky's standard of practice requires medication follow up visits occur on a regular basis, not to exceed 3 months. Patients not seen in over 6 months will need to be re-evaluated. To schedule an appointment, please call our office at 847-918-8282 x0 to speak with office staff.

It is vital that you schedule your follow up appointments in **advance**, so it will not interfere with your medication refills. Waiting until the last minute may result in a delay in medication refills.

Since Dr. Komarovsky's appointment times fill up quickly, failure to cancel your appointment with at least 24 but preferably 48 hours notice will result in a missed session charge (based on our full rate), which is not reimbursable by your insurance company and will be your responsibility to pay prior to your next appointment!

*It remains the patient's responsibility to keep track of their follow up appointments. PRA does not guarantee confirmation calls.*

In cases of divorce, the parent/guardian not present at appointments or not actively involved in treatment, requesting information on their child's progress or questioning medication decisions, **must schedule an appointment directly with Dr. Komarovsky for a consult**. Showing up at scheduled appointments for **this purpose** will result in your appointment being rescheduled. Please note the consult may not be reimbursed by insurance. Phone calls requesting updates or explanation of medications is unacceptable and requires a **planned appointment**.

### **Phone Calls to Dr. Komarovsky and our office**

Our office number is (847) 918-8282. For administrative issues, please press “0” to reach our office staff who will assist you. You may contact Dr. Komarovsky by calling our office number and entering her extension, which is **830**. **Her direct dial number is 847 932-0830**. If your message is **urgent** and you need to page Dr. Komarovsky, follow the instructions on her voicemail to have her paged. If Dr. Komarovsky is off call for the day or weekend, a covering psychiatrist will return your call.

Please note for non-urgent issues, Dr. Komarovsky may not return your call until the next day. If you have an emergency that needs the attention of the covering psychiatrist, leave a message as indicated above on Dr. Komarovsky’s extension and the covering psychiatrist will return your call.

*If you have PRIVACY MANAGER, please turn it off when expecting a call back from your doctor. Failure to do so may result in our physician not being able to reach you.*

When contacting your psychiatrist, please be aware that any calls that are not brief (more than about 5 minutes) usually indicate the need for scheduling an appointment. **Please note that calls that are not brief will result in a charge that may not be reimbursed by your insurance company.** This applies to communications with parents, schools, primary care physicians and other professionals involved in your or your child’s care. You may request a 30-minute appointment if your issue will require a long dialogue with Dr. Komarovsky. Any calls or updates left on Dr. Komarovsky’s voicemail that are meant to enhance an upcoming appointment or replace an appointment will result in an office charge.

Phone messages left for Dr. Komarovsky should be reserved for the following clinical reasons:

- Psychiatric Emergencies
- Questions regarding side effects, symptoms/problems of recently prescribed medications, needing immediate attention.
- Coordination of care issues, communications with outside professionals/schools regarding treatment or care
- Request for referrals for therapists in our practice for further treatment

### **Appointments Are Required when the following occur!**

- ✓ Phone calls, faxes or letters sent with communications/updates on how you or your child is doing, with callbacks or medication refills requested as a result.
- ✓ Medication change requests or discussions must be done in person, with a scheduled appointment.
- ✓ Discussions/updates regarding the treatment plan or care of a patient

### **Prescriptions**

It is important that you follow up regularly with Dr. Komarovsky for medication follow up visits in order to ensure continued prescription requests be filled.

The following medications are considered **“Controlled Substances”** and we may be able to send them electronically.

Ritalin	Dexedrine	Concerta	Vyvanse
Methylin	Focalin	Adderall	Dexedrine Spansules

The above prescriptions are only good for 90 days from the date written on the prescription. Prescriptions **cannot** be altered, crossed out or changed. It is a Felony and as a result the prescription becomes void. *Therefore*, it is important that you plan to obtain a prescription in a timely manner and not wait until you have one or none of your medication left. We require at minimum 24 but prefer 48 hours for written prescriptions

If you are unable to make an appointment before your prescription runs out, a refill can be requested through the **Pharmacy Request Line at (847) 932-0822**. Prescriptions will be processed Monday through Friday between 9:00am and 4:30pm daily except on holidays. You may still call in after-hours and leave requests on the prescription request line.

*The on-call psychiatrist is available to you to handle problems with medication emergencies and situations, which require immediate attention, and not to provide routine prescription refills. Please be advised that if the on-call doctor is not your regular psychiatrist or you have not followed up with your physician recently, you cannot expect a full month refill to be called in, regardless of your prescription plan.*

In order for a prescription to be called in, you **must** provide **all** of the following information:

- Your name (**PLEASE SPELL**), date of birth & doctor you see
- Your return telephone number with area code (Please turn off privacy manager for return calls)
- The medication(s) you need refilled (include amounts and dosage(s))
- The pharmacy name and telephone number
- If you would like to pick it up a written prescription, please include office location or if you would like it mailed, include preferred address.

If we do not receive all of this information, your prescription will not be called in.

### **Office Hours**

Dr. Komarovsky works Monday – Friday, with shorter hours on Friday. There is an on-call covering psychiatrist available while Dr. Komarovsky is off call for emergencies.

### **Letters, Forms and School Medication Consents**

**Please Note: Any letters, forms and consents will not be completed unless PRA has a signed release from the patient (12 yrs and older). Blank releases can be obtained at the front desk.**

To better meet your needs and to ensure a timely response as well as continuity of care for you or your child, please allow at least 72-hour notice to complete any required forms, consents or letters. Please complete all sections of any forms that have demographic information on them. Dr. Komarovsky will complete the medication and clinical portion only. Ensure we have the correct name, address and/or fax numbers of whom the fax is to go to so we can forward the required paperwork to the necessary party in a timely fashion. Failure to give proper notice for completion of the form may result in a delay in meeting your request or a fee charged if immediate service is required.

### **Payment**

Co-pays are due at the time of service. If you are a parent and are unable to accompany the patient to the appointment, please send them with a check or we can put a credit card number on file. If there is a divorce agreement between parents on financial responsibility, it is between the parents and not Dr. Komarovsky. The parent that accompanies the patient is responsible for

making the co-payment at the time of service. Dr. Komarovsky or PRA is not responsible for upholding the agreements made between parents in divorce situations.

**Additional Fees that you may be charged for that may/may not be reimbursed by your insurance company are as follows:**

- Phone calls that are not brief or require more than a brief dialogue to address the issue appropriately.
- Treatment planning, communications with other healthcare, school or medical professionals per patient/outside resource request.
- Review of extensive records as part of the initial or follow up sessions.
- Treatment updates/discussions with non-custodian parent or family member.
- Copying of medical records.
- Depositions, court appearances, second opinions, additional services not covered by insurance.
- To rewrite expired prescriptions or for calling prescriptions in over a weekend/holiday.
- Failure to cancel appointments without proper notice.
- Testing materials or testing services beyond typical evaluations.
- Lengthy or “urgent” letters needed to be sent/faxed to outside agencies.
- Staffing attendance at schools, hospitals or other pre-determined locations.

Our goal is to provide you with the best care we possibly can. Adherence to these guidelines will ensure that all patients' needs are met in a timely, qualitative and responsive manner. Thank you.

***Concerns or Questions***

If you should have any questions, concerns or problems related to your treatment at Perakis, Resis, Woods & Associates, you may address your concerns directly with your physician or therapist. In addition, you may contact:

**Paula M. Comm, MA, Practice Administrator (847) 598-8224**

**Welcome to the Practice of Dr. Komarovsky**

I have received a copy of Dr. Komarovsky's Practice Guidelines, Policy and Procedures and Notice of Privacy Practices and have read them completely. My signature below indicates my understanding of Dr. Komarovsky's practice policies.

\_\_\_\_\_  
***Printed* Patient Name**

\_\_\_\_\_  
**Patient Date of Birth**

\_\_\_\_\_  
Patient Signature (12 and over)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guardian/Responsible party/Parent Signature

\_\_\_\_\_  
Date

***Thank you!***