

Tasha K. Taylor, M.D.
Developmental-Behavioral Pediatrics
12707 High Bluff Dr. # 200
San Diego, California 92130
858-465-0526
Fax: 858-434-2126
DrTTaylorOffice@gmail.com

Practice Orientation: Updated August 22, 2019

Please read the following information to be certain that my practice is a good match for what you are seeking. This information is provided to assure that your expectations can be met by my practice arrangements.

My goal is to provide excellent care to my patients in a comfortable environment. As a physician, my objective is to provide a comprehensive evaluation, an accurate diagnosis, and an effective, safe treatment plan. In order to accomplish this, I stay current on the newest advances in Developmental-Behavioral Pediatrics. I am committed to being a quality, trust-worthy specialist for you and your family.

My practice is a private practice, and I do not accept any health insurance.

If we should see each other in a non-office setting (social, business, etc.), I will not approach you in an effort to maintain confidentiality; however, if you approach me, I will be happy to speak with you.

I provide 2 types of appointments:

- 1) Initial Evaluation: 60-minute session (\$400), 90-minute session (\$550), 120-minute session (\$700)*
- 2) Medication Management / Follow-Up appointments: 30-minute session (\$165)**

**Initial Evaluations: A non-refundable deposit of \$150 will be collected when scheduling an Initial Evaluation. If an appointment is not kept, rescheduled or cancelled less than 1 week prior, the deposit will be forfeited.*

***Follow-Up appointments: If an appointment is not kept or cancelled less than 48 hours prior, the full charge will be incurred.*

Please note that I reserve the right to charge for phone calls and e-mail correspondence, although I generally will not charge for infrequent brief calls or e-mails. Payment is required at the time of service, either by check, cash, or Visa/MasterCard. I will need a credit card number and authorization even if you plan to pay by check or cash. A receipt stating the diagnostic code, billing code and procedure code will be provided at the time of service. I retain the right to alter my fee schedule with a thirty (30) day notice.

Routine matters such as prescription refills, appointment changes, and other non-emergency issues will be dealt with Monday through Friday 7am to 7pm. Please e-mail the office for such routine, non-urgent issues. For emergency issues, call my cellular phone (760) 305-3886, leave a message, and I will respond promptly. If I do not call you within 30 minutes, please call me back or send me a text message.

If I am unavailable for a period of time, I will provide coverage through another qualified Psychiatrist or Developmental-Behavioral Pediatrician. In the event of an emergency it is your responsibility to seek services at the nearest emergency room.

In order for treatment to be effective, there must be a mutually respectful relationship in place. A good match between physician and patient is imperative for successful treatment. If either you or I feel this is not the case, I will provide referral sources with a 30-day notice.

Promptness to all appointments is expected. I will also do my best to be respectful of your schedule.

If I am prescribing medication, I require that you come in 25-30 days after starting medication. Once the correct medication and dosage has been established, I require that you come in every 3-4 months for a Follow-Up appointment, even if you are doing well. During times when medications are being adjusted, more frequent monitoring may be needed. Please make note that there is no guarantee regarding outcome.

If you are in agreement after carefully reading the above Practice Orientation, please print, sign and date below.

Print Name

Date

Sign Name