



Amanda Sun, M.D.  
Child, Adolescent and Adult Psychiatry  
1122 Kenilworth Drive, Suite 100  
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Phone/Fax: 410-881-4639

## **FEES AND OFFICE POLICIES – 2024**

### **Fee Schedule**

Initial Appointment: \$875.00  
50-Minute Session: \$340.00  
25-Minute Session: \$205.00  
Single Consultation: \$410.00/hour

### *Appointments:*

Initial appointments, which are typically 120-minute sessions, is scheduled following a brief conversation by phone. They involve obtaining a comprehensive history with the goal of working with you/your family on obtaining an accurate diagnosis and collaborate on creating an individualized treatment plan. You will need to sign up for the Simple patient portal and complete and submit the new patient forms at least two business days prior to the appointment. If we agree to continue to work together following the initial appointment and evaluation, usual appointments are either 50-minute sessions (typically including therapy) or 25-minute sessions (usually medication management only).

Single consultations for a second opinion will involve review of prior records, an extensive diagnostic interview and discussion of treatment, and provision of our clinical impression to the referring provider via written documentation. They are usually 120-180 minutes long and scheduled only after records are obtained from the treating clinician(s). The patient/guardian is responsible for obtaining and transferring these records at least 48 business hours before the scheduled appointment.

Telephone or video appointments are billed at the same session rates indicated above. Be aware that many insurance plans do not reimburse for telephone appointments. At a minimum, ongoing patients are to be seen at least every three months. After three months of no contact, you are subject to discharge from the clinic. Afterwards, you may call and request re-establishment of care.

### *Emergency Services*

All services are provided by appointment only and during hours of operation. I do not provide emergency after-hours services. You should not expect an immediate response to an emergency if you call, text, or e-mail my office during hours of operation. If you/your child experience a psychiatric emergency that involves a threat to your own life or another's life, you should call 911 or go to the nearest hospitals' Emergency Room.

### *Telephone/Electronic Communication*

For appointments, refills of medications, concerns regarding medication response or side effects, or other questions, you may contact me at 410-881-4639 or through the SimplePractice patient portal secure messaging system. If calling and I am unavailable, please leave a message with you/your child's name and a callback number. You may use the option of texting with the understanding that this method of communication does not provide a mechanism to make you aware whether I am out of the office. I try to return calls as soon as possible; however, you should allow up to 48 business hours for a call back or email response.

Phone calls and messages are generally not subject to additional fees, but you will be encouraged to return for an appointment if your concern cannot be addressed with a brief discussion, and phone calls extending beyond 15 minutes (or electronic communication involving a similar amount of time) will be subject to appointment fees.

### *Forms*

Brief forms/letters such as school or camp medication forms, treatment plans, and prior authorizations are not subject to additional fees. More extensive documents such as those required for insurance appeals or IEP/504 services will incur a fee commensurate with the time spent. I do not write letters for emotional support animals.



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*Payment of Fees:*

All charges are due the day of service and payable by cash, check, or credit card. Checks should be made payable to "Amanda Sun, LLC." Accounts which are delinquent will be sent to collections. There will be a processing charge for returned checks. Charges may be subject to a small annual fee increase.

*Medical Insurance:*

Charges are due the day of service regardless of your insurance status. If you have medical insurance, it is your responsibility to file all claims for reimbursement with your/your child's insurance company. I will be happy to assist you by supplying you with documentation of payment, diagnostic codes, and any information required by your carrier, but payment is expected from you directly. I have opted out of Medicare; therefore, those individuals with Medicare who wish to see me must sign an agreement that states that they will not submit claims to Medicare.

*Late or Missed Appointments/Cancellations:*

If you are late for an appointment, you will be seen for the remaining time in your appointment but the charge will be for the full amount of the scheduled session. If you are unable to keep an appointment, please give 48 hours advance notice (weekends and holidays excluded); otherwise you will be charged for half the time that was reserved for you. Be aware that insurance plans do not reimburse for missed appointment charges. You may cancel your appointment by leaving a voicemail message at 410-881-4639. In addition, upon return to in-person appointments, in the case of inclement weather, please call me and the appointment can be conducted by phone or video or be rescheduled without being subject to missed appointment fees.

*Prescriptions*

Prescriptions will be provided at the time of the appointment or sent directly to your pharmacy electronically. Dr. Sun participates with a service that provides electronic prescriptions to most pharmacies. As part of this service, Dr. Sun may have access to your medication history prescribed by other healthcare providers. By virtue of being a patient of Dr. Sun, you agree to her having access to this service. If you would like to request a refill, please contact Dr. Sun directly, as she does not respond to pharmacy requests for refills. In order to receive refills between appointments, you need to have an active scheduled appointment on file.

*Privacy*

I am dedicated to maintaining your confidentiality and right to privacy regarding your health information. You are entitled under federal confidentiality laws to not have release of records or health information without your consent. I will be requesting your consent before contacting school personnel, other clinicians, or other individuals regarding you/your child's treatment. There are limits to confidentiality. If there is concern for risk of harm to yourself or others, I will collaborate with you as well as other necessary individuals to pursue appropriate support and treatment. In addition, I use an electronic medical record and secure messaging system that is HIPAA-compliant and designed to protect patient health information; however, there may be circumstances (e.g. data breaches due to cyber-attacks/hacking) in which stored information may be compromised.

*Termination*

If you are dissatisfied with the care provided, I would appreciate the opportunity to discuss your concerns and make attempts, if possible, to implement alternative actions. If your case has been inactive for three months, or there is no agreed-upon plan to account for longer periods of gaps in care, it is assumed that you are no longer in need of my services. Your file will be closed and the doctor-patient relationship will terminate. Grounds for termination include but are not limited to: three (3) consecutive missed appointments without adequate notice; abusive or violent behaviors; failure to maintain financial responsibility.