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Certified ABPN
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Adult, Adolescent and Forensic
Psychiatry

To whom it may concern:

Regarding: Suboxone Clinic

Thank you for inquiring regarding treatment with Suboxone in this office. This service is offered for both outpatient detoxification and maintenance treatment. *We do not provide this service for pain management.* Suboxone is a special classification of medication, which is strictly regulated by the Federal government. Consequently, there are treatment parameters which go above and beyond routine psychiatric care.

Suboxone treatment is administered in this office to a limited number of patients and is offered on *private pay* basis only. Government health care insurance plans are not billed in this office for this form of treatment. *Medicare and Medicaid (TNCare) patients cannot be seen in this office for this form of treatment.*

The charge for the initial consultation and initiation of treatment is \$300 and payment must be secured in advance by cash or credit card at the time of scheduling the appointment. This is nonrefundable, but will be credited against your insurance payment, deductibles or copayments. *Your credit card will be kept on file to cover copayments and the cost of missed visits, in the event that they occur.*

Typically, the initial visit will be scheduled in the morning and should last approximately one half day. During this visit, an initial history will be taken and a test dose of the medication will be administered in the office. *You will be asked to come to the office the day prior to the visit to pick up a prescription to take to a local pharmacy then return the medication to the office for administration of your first dose the following day.* This will be administered in the office, and you will be observed to ensure that you can tolerate the drug.

You must be exhibiting withdrawal symptoms on the morning of the visit or the medication cannot be administered. *You should not take narcotic medication for 24 hours prior to your appointment to ensure adequate withdrawal symptoms.* During the morning of the initial visit, your vital signs and clinical status will be observed. You may want to bring a book or magazines to read, as this will require your sitting in the office for most of the morning.

Subsequent visits are charged at \$100 per visit and payable at the time of service. Typically, patients will be seen 2-3 times during the first week with less frequent visits until stable. At that time, patients will be transitioned to monthly visits. Random urine drug screens will be obtained throughout treatment. Drug screens which are positive for narcotics, tranquilizers, marijuana or other abusable drugs will result in immediate termination from the clinic.

Suboxone clinic patients will be required to be enrolled in narcotics anonymous and or therapy with a chemical dependency counselor. *This is not negotiable.*

Detoxification can typically be completed in approximately 1 month. Complicated cases may require a lengthier tapering period.

If you are currently treated with methadone, you must have tapered the dose to *no more than 30 mg. per day and be stable at this dose*. You should not take the methadone for 3-5 days prior to your appointment. *It is very important that you be in withdrawal. If not, Suboxone treatment may precipitate severe withdrawal symptoms.*

Patients who elect maintenance treatment will be seen at a minimum of once per month. Prescriptions will be written and received during scheduled clinic visits. Suboxone prescriptions will not be "called in" to the pharmacy.

Payment will be accepted by cash, credit card or certified bank check. No personal checks will be accepted.

Thank you for your inquiry,

Greg Kyser, MD

Please read the following and sign below if you are agreeable to initiating treatment.

I am dependent on narcotics and wish to initiate detoxification or maintenance treatment with Suboxone in this office. I have read and agree to the above treatment parameters. I understand that health insurance will not be billed for this form of treatment, and that I am ultimately responsible for payment. I agree to the financial terms described above and to keep my valid credit card on file to cover copayments and missed visits. I certify that I am not currently enrolled in Medicare.

Signature

Date

This form must be returned to the office with the initial payment to schedule the first appointment. For your convenience, you may fax this form to the office along with calling Penny with your credit card number.