J. Lenore Bransford Ph.D., APRN
8600 Technology Way #118
Reno, NV 89521
(775) 826-0218

Office Policies

Medication Refills:
Medications will be refilled at the time of the scheduled appointment. Medications will not be refilled on weekends or holidays or after business hours. If you have your pharmacy Fax me regarding a refill request it will be filled within 24 hours, again with the exception of weekends and holidays. If you run short of your medication over a weekend or holiday you can contact your pharmacy to see if your pharmacy will give you enough medication to get you through the weekend. It is your responsibility to keep track of your medications and alert the office several days ahead of running out of your medication for refill requests. Stimulant Medications will be filled during office visits only.

Cancellation Policy:
Please do your very best to keep your scheduled appointments. The time has been reserved for you and if you do not keep the appointment and do not cancel within 24 hours you will be charged for the appointment time. There will be a $75 charge for half hour appointments and a $125 charge for hour-long appointments. If you have an emergency and the appointment cancellation cannot be avoided you can discuss this with me and we can consider the circumstances.

Payment:
Your co-pay is due at the time of the visit. If you do not have your co-pay your visit will be rescheduled. You will then be charged for the missed appointment time. Acceptable form of payment is cash, credit or debit card only. No personal checks will be accepted. Your insurance provider will be billed for your visit.

Office Hours: Office hours are Monday through Thursday 8:30 a.m. to 5 p.m. and Friday 8:30 a.m- to 3 p.m. If I am unavailable when you call during office hours, leave a message and I will return your phone call either between sessions or at the end of the day.

Emergencies:
Is you encounter an emergency situation that requires medical attention and it cannot wait until the next business day please contact your emergency room for treatment.

( ) I have read and agree to the above policies.

Signature: Date: