

Office Policies

Vincent Paolone, M.D.
8166 Market Street, Unit B, Boardman, Ohio 44512
Phone: (330) 758-8528 Fax: (330) 758-8529

This office is the private practice of Vincent Paolone, M.D., board certified adult psychiatrist. I did my undergraduate years at Harvard University '84-'88, medical school at The Ohio State University College of Medicine '88-'92, and residency at The Cleveland Clinic '92-'96. I have worked in the Youngstown area since 1996. I have treated patients in many different settings: inpatient psychiatric unit, inpatient medical unit, and outpatient.

I expect payment at the time of service. I do not accept any type of insurance private or public. You will receive a receipt which you can give to your insurance company to receive reimbursement if you have out-of-network benefits.

The fees at this office as of 01/01/2021 are as follows

- \$250 for an evaluation of a new patient
- \$65 for a short medication management appointment **(as of 01/01/2023 - \$70)**
- \$110 for a longer medication management/Psychotherapy appointment
- \$160 for a 45 min. psychotherapy appointment
- \$20 for any number of prescriptions may be charged if you lose my written prescription or need a phone-in refill/eRx due to delayed follow up
- \$20 for appointments which are not cancelled more than 24 hours in advance
(this fee may be waived at my discretion for a true emergency)
- \$100 for a new evaluation which is not cancelled more than 24 hours in advance
(this fee may be waived at my discretion for a true emergency)
- \$13 for a returned check
- \$50 for a complex form or report (or more based on complexity)
- Price of Letters to be determined by Dr. Paolone

I need 3 business days advanced notice for prescriptions. Otherwise, you may have to go without your medication. If you fail to pay 2 consecutive times, no further appointments will be scheduled until payment is received. If you do not see me at least every six months (unless we have made other arrangements), I reserve the right to close your chart and charge you for a new evaluation or refuse readmission to the practice if you want to resume treatment with me.

My preferred communication method is through the secure onpatient portal. You can also leave a message our answering machine or answering service. Expect a reply within 48 hours. You may receive reminders of the appointment by email or text message. If you are having an emergency, please go to the nearest emergency room. I do not do any hospital work, but your hospital doctor can contact me to get information about your diagnosis, medications, etc. if you are ever admitted to the hospital.

If I feel our doctor-patient relationship has been compromised for any reason, I reserve the right to terminate treatment. After that, I will give you names of other psychiatrists and provide you with limited amounts of medication for a limited period of time (unless you have been abusing your medication.) If you feel I am not helping you, please feel free to ask me for a referral to another psychiatrist. Please sign and date below to acknowledge these terms and Dr. Paolone's Notice of Privacy Practices.

E-Mail-Address (Please print) _____

Signature _____ Date _____