



SIMS

SIMS Foundation, Inc. P.O. Box 2152 Austin, TX 78768
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SIMS AGREEMENT FOR PSYCHIATRIC PROVIDERS

I, _____, agree to be a provider of psychiatric services for the SIMS Foundation, Inc.

* I understand that SIMS is a 501(c)(3) (non-profit) organization and that I am not providing services as an employee of SIMS.

* I agree to abide by all of the terms and conditions provided in the *Policies for SIMS Psychiatric Providers*, which I have read and understand.

* I agree at all times to maintain my professional licensure and liability insurance in accordance with the *Policies for SIMS Psychiatric Providers*.

* I agree to uphold the ethics and standards of the licensure under which I practice.

* I further understand and agree that my compensation for the services I provide will be as stated in the SIMS *Psychiatrist Services Fee Schedule* shown below.

SIMS PSYCHIATRIC SERVICES FEE SCHEDULE

Category of Visits	Patient Co-Pay	SIMS Co-Pay	TOTAL Reimbursement to Psychiatric Provider
Initial Psychiatric Assessment (APRN)	Co-Pay from \$25 to \$40	Balance remaining after client co-pay	\$125
30 Minute Medication Management (APRN)	Co-Pay from \$25 to \$40	Balance remaining after client co-pay	\$62.50
Initial Psychiatric Assessment (MD)	Co-Pay from \$25 to \$40	Balance remaining after client co-pay	\$200
50 Minute Medication Management (MD)	Co-Pay from \$25 to \$40	Balance remaining after client co-pay	\$150

Emily Rudenick, LPC
SIMS Clinical Director

Signature of Psychiatric Provider

Date

Date

