

BLUE RIDGE BEHAVIORAL HEALTH
170 Thomas Johnson Drive, Suite 200, Frederick, MD 21702
Phone: 301-695-8390 / Facsimile: 301-694-7906

PRACTICE POLICIES AND FINANCIAL AGREEMENT

Office Hours:

The administrative office is open on Monday through Friday from 8:30am until 4:30pm. Evening and weekend hours for clinical services are available at the discretion of your provider.

Appointments:

All appointments are scheduled. Psychiatrist appointments are scheduled by the administrative staff. All other appointments are scheduled by your clinician.

Psychiatrists: Patients under the age of 18 are scheduled for two 60 minute evaluation appointments. Patients over the age of 18 are scheduled for one or two 60 minute evaluation appointments. Standard follow up appointments are 30 minutes.

Psychologists, Social Workers and Counselors: Patients are scheduled for one or two 60 minute evaluation appointments. Standard follow up appointments are 45 – 50 minutes.

Neuropsychological Testing: Patients are scheduled for one or two 60 minute evaluation appointments, 3 - 7 hours of testing appointments, and a 60 minute feedback appointment.

Missed Appointments:

Twenty-four business hours' notice, excluding weekends and holidays, is required to cancel or reschedule any appointment. Failure to be present in the state of Maryland, establish a stable internet connection or any other issues related to patient technology or equipment that prevents the real time transmission of audio and video communication via Doxy.me for telehealth appointments, as required by federal, state, and insurance regulations, also constitute a missed appointment.

Payment for missed appointments is the responsibility of the patient as it will not be reimbursed by insurance.

The missed appointment fees for self pay rates at Blue Ridge Behavioral Health are as follows: **Psychiatrists** = \$325 (Evaluation) and \$200 (Follow up); **Psychologists** = \$225 (Evaluation) and \$195 (Follow up); **Counselors or Social Workers** = \$200 (Evaluation) and \$180 (Follow up); **Neuropsychological Testing** = \$225 (Evaluation or Feedback) and \$337.50 (Testing).

Missed appointment fees will be charged at the maximum contracted rate based on the insurance fee schedule for evaluation and follow up appointments, respectively, for patients with whom we participate with their insurance.

Telephone Service:

The office uses a voicemail system. Please listen carefully to all options. During business hours, you can direct your call to the office staff at any time by selecting "0." If you know the extension of your clinician, you may enter it at any time. If you do not know your clinician's extension, you can press "4" for a directory. The following services can be reached directly by entering the appropriate extensions:

New patients – 1 Prescription refills – 2 Physician scheduling – 3 Billing – 5

Urgent Issues:

If you have an urgent clinical issue outside of normal business hours that cannot wait until the following business day, please contact our answering service at 301-712-9183. If your clinician is unavailable, the answering service will direct you to the on-call clinician. Please do not contact the answering service for nonurgent issues, including requests for prescription refills, that can be addressed during regular business hours. Calls to providers via the

answering service constitute telephone consultations and will incur out of pocket costs as outlined under “Other Fees” below.

If you are experiencing a psychiatric emergency, please contact 911 or go to your nearest emergency room, if you can do so safely.

Prescription Refills:

There are two ways to request prescriptions outside of scheduled appointments.

1. Complete the prescription refill request form on the Blue Ridge Behavioral Health website under the prescription request tab (www.blueridgebehavioralhealth.com).
2. Leave a message on the prescription line - Option 2 (301-695-8390)

Online prescription requests and the prescription line are monitored daily until 4:00pm. Please allow a minimum of 48 business hours, excluding weekends and holidays, for prescription requests to be processed.

Insurance:

Please verify with our billing staff to determine whether we participate with your insurance company. It is your responsibility to ensure that we have the patient’s current address, phone number, and insurance information on file.

If we participate with your insurance company, we will submit claims to your insurance for all services performed in our office for reimbursement unless we have received prior notification of non-covered services. It is the patient’s responsibility to know the details of his/her insurance coverage. All co-pays, deductibles, overdue balances, and payment for non-covered services remain the patient’s financial responsibility.

If we do not participate with your insurance company, you are responsible for payment in full at the time that services are rendered. For patients with out of network benefits, we will provide you with a reimbursement information sheet to assist in filing your claim with your insurance company. However, patients are responsible for submitting out of network claims to their insurance company for reimbursement.

Insurance companies often have regulations associated with treatment. Some plans require a referral from your primary care physician and/or a phone pre-authorization before patients are allowed to begin receiving care. It is the patient’s responsibility to obtain any required insurance referrals or authorizations prior to the patient’s first visit. If the required referral or authorization has not been obtained by the time of your first visit, you may be required to reschedule your appointment. If you are seen for your first visit in the absence of required referrals or authorizations, you agree to waive your insurance benefits and you will be responsible for payment in full at the time of service.

Other Fees:

All charges listed under Other Fees are not subject to insurance reimbursement and are the responsibility of the patient.

Psychiatrists charge \$325 per hour, rounded to the nearest 15 minute interval, for school or team conferences, consultations conducted by telephone, time spent reviewing outside records, and time spent preparing and/or writing forms, reports or letters. The charge for legal or court related services is \$650 per hour rounded to the nearest 15 minute interval.

Psychologists charge \$225 per hour, rounded to the nearest 15 minute interval, for school or team conferences, consultations conducted by telephone, time spent reviewing outside records, and time spent preparing and/or writing forms, reports or letters. The charge for legal or court related services is \$450 per hour rounded to the nearest 15 minute interval.

Social Workers and Counselors charge \$200 per hour, rounded to the nearest 15 minute interval, for school or team conferences, consultations conducted by telephone, time spent reviewing outside records, and time spent preparing and/or writing forms, reports or letters. The charge for legal or court related services is \$400 per hour rounded to the nearest 15 minute interval.

Please notify your provider directly about any requests to complete forms, reports or letters. Please allow a minimum of 10 business days, excluding weekends and holidays, for the paperwork to be completed.

Per Maryland law, the fee for copying patient medical records is 76 cents per page plus the actual cost of postage and handling. There is an additional preparation fee of \$22.88 that will only be charged if medical records are transferred to a person or entity other than the patient or patient's personal representative.

Fee Adjustments:

Adjustments in fees will occur every 3 years for self pay rates. Adjustments in the insurance fee schedule for in-network insurance plans will be determined by the insurance company.

Payment for Services:

Payment for each visit is expected at the time of service. This includes any co-pays, deductibles, outstanding balances, and any other fees incurred through the course of treatment. For your convenience, we accept Visa, Mastercard, Discover, cash, check or money order. Returned checks will incur a \$25 fee to each patient account.

Payment of outstanding balances must be made in full prior to being scheduled or seen for any future services, including referrals for additional services with other providers at Blue Ridge Behavioral Health, unless prior arrangements have been made with the Office Manager or your clinician.

All balances that become 90 days past due may be sent to a professional collection agency. Should your account be sent to a collection agency, you will be financially responsible for a collection fee equal to 35% of the amount sent to the agency and any additional legal fees that our office incurs through the process utilized to collect the outstanding delinquent balance. Your signature below authorizes Blue Ridge Behavioral Health to release information necessary for collection of past due accounts.

CRISP Notice:

We have chosen to participate in the Chesapeake Regional Information System for our Patients ("CRISP"), a regional health information exchange ("HIEs") serving Maryland. CRISP is also affiliated with and shares data with other HIEs, including but not limited to D.C., Delaware, Maryland, Pennsylvania, and West Virginia. As permitted by law, your health information will be shared with this exchange in order to provide faster access, better coordination of care and assist providers and public health officials in making more informed decisions. You may "opt-out" and disable access to your health information available through CRISP by calling 1-877-952-7477 or completing and submitting an Opt Out form to CRISP by mail, fax or through their website at www.crisphealth.org. Public health reporting and Controlled Dangerous Substances information, as part of the Maryland Prescription Drug Monitoring Program ("PDMP"), will still be available to providers.

Insurance Authorization and Assignment of Benefits/Consent to Treatment:

I understand that certain information may be required by third party sources for the purpose of treatment, payment (including collections of past due accounts) and health care operations. I hereby consent to Blue Ridge Behavioral Health releasing my health information for the purposes of treatment, payment, and healthcare operations. I hereby assign to the practice all benefits/payments for services rendered to me and/or my dependents. I understand that I am responsible for all amounts not covered by my insurance. My signature below acknowledges that I have been provided with Blue Ridge Behavioral Health's Notice of Privacy Practices.

Printed Name of Patient

Date

Signature of Patient or Parent/Guardian

Date