

Caring Hearts Mental Health Services, LLC

Mary Ann Dameron, CRNP, FNP, PMHNP – BC - Owner
Family, Psychiatric and Mental Health Nurse Practitioner

Dear Clients:

Welcome to our practice. Here are a few things you will need to know about our practice before we get started.

Expectations we have from our patients:

1. We expect you to show up for your appointments on time. If you cannot, we request you give us 24 hours or more notice. We understand that on occasion, emergencies will happen. However, if these emergencies happen too frequently, we will reserve the right to end our relationship.
2. Patients must confirm all appointments 24 hours in advance, via text, a call into the office or email. If we do not hear from you, we will assume you are cancelling your appointment. We will allow three no show or no confirm occurrences prior to ending your relationship with our practice.
3. We expect you to be on time for all appointments. We work all our patient appointments on a very tight schedule. When one person runs late it will disrupt everyone's schedule that day. If you are more than 10 minutes late for your appointment, we will cancel your appointment and reschedule. Please note there will be a \$50 fee for a no-show or a cancelled appointment due to being late.
4. As a new client and once a year; new forms will need to be completed and updated. These forms include:
 - Intake form
 - Receipt of Privacy Policies and Practices
 - Telehealth intake form
 - Medications
 - Health History
 - Releases for each provided
 - Legal forms
 - Copy of photo ID
 - Insurance cards
5. If you obtain new insurance or change your information, please let us know prior to your appointment. It is the patient's responsibility to notify the office of any changes at least two weeks prior to your scheduled appointment. All new forms will need to be

completed prior to your appointment. These forms can be filled out in the patient portal at home or printed from our website (website link here) under “New Patients” – “Yearly Update”. You can also fill them out at the office prior to your appointment. Please allow at least a half hour prior to your appointment to fill them out.

6. We expect patients to be compliant with medications. This means you must take them as prescribed. It is not permissible for patients or parents of patients to take it upon themselves to medicate differently than how we have prescribed. Doing this is a very dangerous practice and will lead to immediate discharge of the patient from this practice. Please set up an appointment if you feel medication changes are needed.
7. Medication changes will not be made without an appointment (in person or virtual)
8. Please note that all medical communications through texting, messenger, email or any social media platform is not permitted due to HIPAA compliance standards. Be aware that we will not respond to this type of communication for medical related issues. Our encrypted communication channels may be found on our website.
9. Most patients will need to be seen (in person or virtually) once every three (3) months.
10. We expect Suboxone, controlled and Benzodiazepine patients to agree to random pill counts as well as urine drug screens when requested
11. Suboxone, controlled and Benzodiazepine patients must be free from other substances. If they are not free of other substances, they will work with us to become free of them. If they are found to be taking substances not prescribed, those patients will return to weekly medication visits and drug screening. They will be referred for therapy and addiction as well.
12. Patients who are taking opioids will not be prescribed any stimulants or Benzodiazepines because that is a dangerous combination of medications.
13. Any patients taking narcotics will not be prescribed any additional controlled substances from this office. This office will not prescribe more than one controlled substance at a time.
14. Any patient who is taking a Benzo and a Stimulant, a Benzo and an Opioid or a stimulant and an Opioid, we will seek to get you off of one or the other. If you do not wish to allow this, please seek help elsewhere. We strive to follow the best practices possible in order to keep our patients safe.

What you can expect from us:

1. We will attempt to provide 24 hours’ notice if we need to change your appointment for any reason. Please understand that emergencies, severe weather and circumstances beyond our control may sometimes impact scheduling. We always strive to accommodate our valued patients and rely heavily on telehealth services for everyone’s convenience.
2. We will return urgent calls within 24 to 48 business hours.

3. We will refill scripts within 1 to 4 business days. However, we cannot guarantee a refill if a patient calls one (1) week or less prior to running out of the prescription. Please check with the pharmacy prior to calling for a refill, to be sure they do not already have refills for the prescription for which you are calling. Please note, we do not respond to any requests, verbal or fax from your pharmacy. All refills must be called in by the patient or patient's guardian, at least one (1) week prior. This will allow time for a prior authorization by insurance companies if needed as well as sufficient time for a pharmacy to order any scripts if needed for bloodwork.
4. We will work alongside your PCP (Primary Care Provider), Therapist, Teachers, Specialists and any other clinicians who are working with you. However, we will need a yearly release of information from you to work with other providers. We will require releases from all other current and past medical and mental health care providers in order to treat our patients effectively and provide continuity of care. Patients must have a PCP in order to make an appointment with us. If you do not have a PCP, we will be happy to refer you to one. Patients must keep scheduled appointments with their PCP in order to remain a patient in this practice. We encourage all patients who are prescribed medication through this practice, to participate in therapy.
5. We will supply letters if requested, with two (2) weeks' notice. An appointment may be required for this paperwork. Examples: 504 paperwork, IEP requests, medication forms, disability paperwork, FMLA letters, forms, etc. If the patient is unable to attend an appointment for the purpose of filling out the paperwork together, then there will be charges for the time taken to do this paperwork by us. The charge for this service without an appointment is \$5/min. Medicaid and Medicare patients must have an appointment in order to do this paperwork together with us.
6. We close on Fridays at 2:00pm. Phones reopen on Tuesdays at 9:30am until 5:00pm. Any major holidays will have a modified schedule. Please plan accordingly.
7. Electronic Medical Records (EMR's) can be accessed through your patient portal at no cost to you, upon written and signed request. Paper medical record requests can be filled for a fee. If your provider needs your records, there is no fee if we send them directly to their office electronically, provided we have a release on record. For paper record requests going to patients or guardians, not providers, this legally can only include our office records. Fees are as follows:
 - Search and retrieve records – No fee
 - Pages 1-60 – \$.75/page
 - Pages 61+ \$.50/page
 - If mailed, postage fees will be extra
 - These fees will be billed to the person requesting the records
8. Emergencies: This practice is a sole practitioner practice, therefore we cannot handle immediate Emergencies within our return call timeline of 24-48 hours. In the event of an emergency that requires immediate care, please contact your local emergency room.

Phone calls from patients that require more than a 5 minute conversation will be charged at our hourly rate of \$200/hr. in half hour intervals.

9. Court fees: The rate for all court-involved services is \$500 per hour with a 4 hour minimum. The minimum (\$2000) is to be paid in advance of the court date. This fee includes preparation time, travel expenses and time and waiting time.
10. Insurance reports: any requests from a commercial health insurance company for a detailed treatment report, summary and/or treatment plan requests beyond normal expectations, a \$50 charge per report will be billed to the patient. This rate may increase depending on the level of detail requested and the patient's specific treatment.

Billing and Payment:

All patients are expected to pay for their session at the time it is held, unless we agree otherwise in writing or unless they have insurance coverage that requires another arrangement.

All balances due after 30 days will be subject to a 1.5% monthly charge. Payments schedules for other professional services will be agreed to when they are requested. Statements and superbills are only provided upon request, however receipts will be provided with each payment.

In the event a check is returned NSF or any other reason, the patient will be rebilled for that session plus any additional bank charges +\$50. In the event a check is returned a second time, we will request that all payments going forward will be cash.

If an account has not been paid for more than 60 days and arrangements for payment has not been agreed upon, we have the option and may use legal means to secure payment. This may involve hiring a collection agency or going through small claims court which may require us to disclose confidential information. In most collection cases the only information we will release regarding the patient is; his/her name, nature of the services provided and the amount due. If such legal action is necessary, the associated legal costs will be added to our claim.

Using Health Insurance:

We are set up to bill insurance for our patients' treatments. We are contracted with Cigna, IBH, Magellan, Quest, UBH, MD Medicaid, Aetna, CareFirst, Johns Hopkins, Optima/Sentara, Beacon/Value Options, Optum, United Health Care, Tricare, and Health Smart. Please be aware that you are responsible for any Co-Payments, Co-Insurance Payments and/or un-met deductibles contracted with your health insurance company, at appointment check-in. Payment at the time of service is expected.

For any other insurance companies, we are an out of network provider, which means that you will have to pay cash for your appointment and submit your bill directly to that insurance company for reimbursement.

Insurance Reimbursement:

For any patient who wishes to submit receipts for health insurance reimbursement, we will provide a superbill that you may submit to your insurance company for reimbursement. Submission for reimbursement and specific requirements from your insurance carrier is also the patients' responsibility. If the patient opts for this arrangement, you and not your insurance carrier is responsible for full payment of our fees at the time of service. It is the responsibility of the patient to contact their insurance carrier to find out exactly what mental health services/benefits their insurance company covers. Please note that occasionally, health insurance companies will send reimbursement checks to us. In the event that should occur, we will cash the check and return to the patient the amount of the check. Copies of the check will be provided and the patients' signature will be requested, indicating that the patient has received monies owed to the patient by your health insurance company that was paid to us.

Contacting us:

Please contact us via phone at – 240-446-0717

If we are unable to answer the phone, you may leave a message on our voicemail with your name, return phone number and a brief message. We will return calls during the office hours listed below. Patients can also use their patient portal to send and receive messages.

If there is a crisis or emergency situation, please utilize your local hospital emergency room, Primary Care Physician, Crisis Intervention or Police Department. **Please note that we are not a critical/crisis care service.**

Our schedule will include holidays and vacation time throughout the year, during which we will be out of the office. We are closed for all major holidays that fall on a week day.

We ask that patients use the patient portal for electronic, written communications.

Office Hours:

Please note that office hours are subject to change and visits are by appointment only.

Sunday – Closed

Monday – Closed

Tuesday – 9:00 – 7:00

Wednesday – 9:00 – 7:00

Thursday – 9:00 – 7:00

Friday – 9:00 -2:00

Saturday – Closed

Practice pricing:

90785- \$50.00 Psychiatric complex interactive

90791- \$275.00 Psychiatric diagnostic eval. w/o medical services

90792- \$350.00 Psychiatric diagnostic eval. with medical services

90832- \$150.00 Psychotherapy, 30 minutes

90833- \$150.00 Evaluation and Management w 30 min. psychotherapy

90834- \$200.00 Psychotherapy, 45 minutes

90836- \$200.00 Evaluation and Management w 45 min. psychotherapy

90837- \$275.00 Psychotherapy, 60 Minutes

90838- \$250.00 Evaluation and Management w 60 min. psychotherapy

90839- \$275.00 Psychotherapy for crisis, 60 minutes

90840- \$100.00 Psychotherapy for crisis, each additional 30 min.

90846- \$275.00 Family psychotherapy, 50 min. Client not present

90847- \$375.00 Family psychotherapy, 50 min. Client present

96127- \$25.00 Brief emotional/behavioral assessment

99202- \$275.00 E/M – New Patient office visit – 20 Min.

99203- \$300.00 E/M – New Patient office visit – 30 Min.

99204- \$350.00 E/M – New Patient office visit – 45 Min.

99205- \$425.00 E/M – New Patient office visit – 60 Min.

99212- \$175.00 E/M – Established patient visit – 10 Min.

99213- \$200.00 E/M – Established patient visit – 15 Min.

99214- \$250.00 E/M – Established patient visit – 25 Min.

99215- \$325.00 E/M – Established patient visit – 40 Min.

99417- \$50.00 E/M – Established patient visit 40 or 60 Min. additional 15 min.

G2212- \$50.00 E/M – Established patient visit – 40 or 60 Min. plus 15 min.

99441- \$25.00 Telephone E/M service 5-10 min of med. discussion

99442- \$75.00 Telephone E/M service 11-20 min of med. discussion

99443- \$125.00 Telephone E/M service 21-30 min of med. discussion

Late Cancellation/No Show- \$50.00

99999 Court Evaluation \$500.00

We have chosen to participate in the Chesapeake Regional Information System for our Patients (CRISP), a regional health information exchange serving Maryland and D.C. 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. Notice of Privacy Practices Acknowledgement Page: We participate in the CRISP health information exchange (HIE) to share your medical records with your other health care providers and for other limited reasons. You have rights to limit how your medical information is shared. We encourage you to read our Notice of Privacy Practices and find more information about CRISP medical record sharing policies at www.crisphealth.org.

Patient Name _____ Date of Birth _____

Your signature below indicates that you have **read and understand** the information in this clinician and patient agreement, and agree to abide by **all** terms indicated in the document during our professional relationship. As well as CRISP acknowledgement.

Client/Responsible Party Signature

Printed Name

Date

Client/Responsible Party Signature

Printed Name

Date

Address for billing and or office correspondence:
(This authorizes me to send identifying information to this address)

Phone Number(s) for Office Contact

(This authorizes my office to contact you at this/these number(s). Messages will indicate a first name of the caller and a number for return contacts from you. Please do not include numbers where you prefer not to be contacted or have messages left for you.)

Email address

Cell phone number

Appointment reminders are made in the form of text, email or telephone calls. **Please be advised that NO email or text messaging correspondence is considered confidential and may be recovered by other parties at any time. You may lose your right to confidentiality by corresponding with me by email and by receiving correspondence from me by email.**

--X-----

Your signature above indicates your approval of receiving email and/or cell phone text messaging from me, knowing the limits of confidentiality.