

WBMA Office Policies



WASHINGTON
BEHAVIORAL MEDICINE
ASSOCIATES, LLC

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Office Policies

This Patient Information Pamphlet (Office Policies) provides information about the professional relationship between Washington Behavioral Medicine Associates, LLC (hereinafter WBMA, LLC), and the patient. This pamphlet sets forth the terms and conditions under which mental health services are provided for the patient. Signing the "Office Policies" document indicates that you agree to all policies detailed herein. We are required by law to obtain your signature acknowledging that you agree to this information, and that we have provided it to you to read in detail. We are also required to welcome you to raise any questions you may have when we meet in person. We understand these documents are long. Please take your time and understand that we are committed to providing you with detailed, ethical information before you begin services. If you have any questions, please contact our office manager or your provider.

The Relationship Between WBMA, LLC and the patient

Please review this Patient Information Pamphlet carefully. After reading and understanding it, the patient (or the patient's authorized Personal Representative), will be asked to sign a form entitled "Office Policies," to acknowledge that the terms and conditions are acceptable to the patient. Once you sign the "Office Policies," your provider(s) will provide services in accordance with the professional ethics code for their licensing board, state and national laws governing mental health care, and HIPAA law.

How to Reach WBMA, LLC

Scheduling & Appointments

To schedule appointments, please call the office number (301) 576-6044, and leave your full name and phone number. You may also send an email to schedule an appointment to office@wbma.cc. Please allow WBMA, LLC 24-48 business hours to get back in touch.

Emergency

In the event of a medical or psychiatric emergency, please call your family physician, 911, or proceed to the nearest emergency room. If an urgent matter requires WBMA, LLC's consultation please contact your provider's cell phone (Dr. Laje - 301-442-3638 // Dr. Lohoff - 301-648-8600 // Dr. Blanco 917-617-3245). Please leave a brief message, indicating the nature of your call, and the return phone number where the provider can reach you. Your call will be returned as soon as possible. If you cannot reach the provider at the time of the emergency, call 911 or go to your nearest emergency room.

In the event that your provider is out of town, or otherwise unavailable, he/she will have another provider covering their practice. The covering provider's contact number will be available through your provider's office voicemail or answering service during their

absence.

Confidentiality in Detail

WBMA, LLC describes how medical information about the patient may be used and disclosed in the "Notice of Privacy Practices." Please review the document carefully. After reading and understanding the Notice of Privacy Practices, the patient or their Personal Representative will be asked to sign a form entitled "Consent for Purposes of Treatment, Payment, and Healthcare Operations."

Mental health providers are bound by a detailed and extensive ethics code. We recommend that you read our "Privacy Policy" document with extreme care. It is important to understand that our providers are mandatory reporters. With this in mind, we are required by law and our ethics code to break confidentiality in the following situations:

- If we suspect current or future harm to self or others.
- If we suspect abuse or maltreatment (e.g., neglect) of a child, elderly person, or dependent adult, even if the abuse occurred in the past.
- If a subpoena or court order requires files be released to the court/court representatives (including progress notes, emails and other correspondence, test data/reports, etc.).
- If a parent with legal or physical custody requests access to the child's records.
- WBMA, LLC is obligated to report misconduct by a health care provider with our profession. By policy, WBMA, LLC reserves the right to report misconduct by health care providers of other professions. Thus if you or your child describe unprofessional conduct by another mental health provider, WBMA, LLLC is required to help you with the reporting process. If you are a health care provider who has engaged in misconduct, WBMA, LLC is required to make a report to your licensing board. WBMA, LLC will share that you are in treatment at WBMA, LLC if your condition places the public at risk. Your licensing board may have the power to subpoena relevant records in investigating a complaint of provider incompetence or misconduct.

For minors, as well as for adults with legal guardians, it is important to understand that parents and legal guardians have the right to receive information about the progress of treatment.

It is important to note that WBMA, LLC has the right to communicate with collection agencies to collect unpaid fees for services provided. Please understand that this method will only be utilized if the patient or patient's representative does not pay for services provided after several attempts to gather payment.

Should you request communication with your insurance company for out of network reimbursement, we will provide the information requested. We will make every effort to provide as little information as is necessary to process the claim.

An important part of our service is coordinated care. It is important to note that WBMA, LLC providers regularly consult with one another. Your consent for treatment by WBMA, LLC implies consent for all WBMA, LLC employees and/or contractors involved in your care to exchange information about your case. If you have a provider/s outside of WBMA, LLC you will need to provide a separate written consent for communication with those specific provider/s. It is also important to note that WBMA, LLC staff (e.g., the office

manager) have access to basic patient information and records. Staff members of WBMA, LLC sign confidentiality agreements to uphold HIPAA policies and to maintain confidentiality.

We will respect your wishes, and communicate with you based on the method(s) you prefer. Please provide phone numbers that will reach you directly, or that are equipped with voicemail. If you chose to utilize email, please check your 'junk' folder if you do not receive expected communications from us.

Please keep in mind that the confidentiality, of a patient's protected health information that is transmitted by electronic and/or digital technologies, such as by email or cellular telephone, cannot be guaranteed.

Patient Records

WBMA, LLC is required by law to keep appropriate records of the services that we provide. It is important to understand the records may include only dates of sessions, mental status, and summary of treatment provided, in addition to financial records. Detailed discussions of treatment may not be documented in a patients' records for psychiatry. For therapy, psychotherapy notes are those recorded, in any form, by a mental health professional. These notes may include documenting or analyzing details of conversations or nonverbal behaviors in individual, group, or family counselling session. These notes are separated from the patient's medical record. The patient record, however, may include medication and its monitoring, session dates and times, modalities of treatment, test results, and summary of diagnosis, mental health status, treatment plan, symptoms, prognosis, and progress. The testing record includes all raw data (which can only be released to a provider trained to interpret it), evaluator notes, and the full testing report.

Patients and parents/legal guardians (of those under 18 or adult dependents) have the right to review the clinical file. The exception is only if parental rights have been terminated or a court document prohibits access. If you would like to access your records, please provide a written request. With written request, we will also release copies of records to another licensed health care provider. The State of Maryland has a set fee for per-page for copies. For those undergoing testing, it is important to understand that test protocols are copyrighted. They are only legally allowed to be released, upon written request, to another licensed psychologist, developmental pediatrician, neurologist, or psychiatrist. The written report that follows testing can be released to any designee upon written request from the patient, or parent/legal guardian for those under 18 or dependent adults.

When parents/legal guardians share joint custody of a child or adult dependent, each parent/legal guardian must consent to treatment unless a court document grants permission for one parent/legal guardian to overrule the other parent/legal guardian's decision against treatment. When parents/legal guardians share custody, each must agree to and sign WBMA, LLC's office policies and consent to treatment. Before beginning treatment, we will also ask that parents/legal guardians specify, in writing, how financial obligations will be handled for treatment.

Cancellation and Late Arrival Policy

If for any reason you are unable to meet for your appointment, you are responsible for calling to cancel at least **48 business hours prior to your scheduled time** (e.g. you must cancel a Monday appointment by 6:00 PM on the prior Thursday). Failure to cancel within 48 business hours could result in the patient being charged for the appointment.

When an appointment date and time is offered to you well in advance of the actual date, please try to call within 24 hours to accept or reject the appointment time. It is up to you to reject the appointment offered within 3 days. In the event that his office does not hear from you within 3 days from offering the appointment time, WBMA, LLC will assume that you have accepted the offer and will be meeting him for the scheduled appointment.

If you are late for a scheduled appointment, that time is lost from your session.

THE CANCELLATION OR RESCHEDULING REQUEST WILL BE CONSIDERED TIMELY (AND INCUR NO LATE FEE) IF DONE ACCORDING TO THE FOLLOWING SCHEDULE:

If your appointment is scheduled for a:	To avoid being charged a Late Cancellation Fee, your appointment must be cancelled or rescheduled not later than 4:00 PM Eastern Time (ET) on the:
Monday (or any Tuesday that follows a Monday office holiday)	Thursday of the preceding week
Tuesday (if Monday is a business day)	Friday of the preceding week
Wednesday	Monday of the same week
Thursday	Tuesday of the same week
Friday	Wednesday of the same week

A 'Late Cancellation Fee' or forfeiture of a prepaid session will be applied if the patient (or patient's representative):

- Cancels the appointment after 4:00 PM Eastern Time, two (2) business days preceding the scheduled appointment; or
- Fails to show up for a scheduled appointment; or
- Arrives for a scheduled appointment with 20 minutes or less remaining in the scheduled timeslot. An EXCESSIVELY LATE ARRIVAL is treated the same as a No Show or Late Cancellation. If the scheduled patient and/or family member arrives with 20 minutes or less remaining in the scheduled timeslot, then the patient will be charged the Late Cancellation Fee, and will not be seen. Arriving with less than 20 minutes does not allow the provider adequate time to assess any of your needs without affecting appointments that follow your scheduled time slot.
- In the case of a brain stimulation session (TMS, etc), arrival with 20 minutes or less remaining in their scheduled timeslot may not allow enough time for treatment delivery.
- A new evaluation or Second Opinion appointment must be cancelled or rescheduled in accordance with the requirements stated in the contract.

A. Psychiatric Services

1. Evaluation and Treatment Sessions

The ideal setting for treating, evaluating, and consulting on clinical matters is the traditional one-on-one setting. For this reason, WBMA, LLC provides face-to-face treatment and consultation interventions at regularly scheduled appointments.

Each session has designated time limits, as indicated in the current "Fee Schedule" for each individual provider. For example, a "one-hour" Psychotherapy appointment includes a 50-minute meeting. A Medication Management appointment includes a 25 minute meeting. An Environmental Intervention appointment includes a school or home consultation and door-to-door travel time.

A Psychiatric Intake and Evaluation includes meeting time and development of a treatment plan. Adult patients are seen, typically, for one to two 50-minute evaluation sessions before diagnosis and treatment are discussed.

A Child and Adolescent Intake and Evaluation may typically require two to three 50-minute sessions to complete. This may include: 1) an initial 50-minute session appointment with the parents only; 2) a second 50-minute session with the patient (including some time

with one or both parents); and 3) a third 50-minute session interviewing the patient and, at the end, discussing diagnosis and a course of treatment. This schedule may vary depending on the information available to the clinician prior to the appointments. For the initial consultation, please bring the most current copies of any of the following documents you have obtained for your child: Individual Educational Plan (IEP) or Individual Family Service Plan (IFSP), previous psychological and educational testing, Occupational Therapy evaluation., Speech-Language Therapy evaluation, results of neurological evaluations (including EEG, MRI, and metabolic/genetic testing results), pertinent medical records, a baby book/photo album if available, and custody documents (when applicable). As part of a Child and Adolescent evaluation, additional time may be spent consulting with the patient's teacher(s) and/or other therapists and reviewing documents. Additional time may be billed at a prorated rate.

If the child or adolescent was referred to WBMA, LLC for a second opinion, or if there are prior extensive clinical evaluations completed, WBMA, LLC may schedule a single 2-hour block of time for interviewing the patient and parents. A third 50-minute session may be needed to cover all of the available data. Additional time may be spent consulting with the patient's teacher(s) and/or other therapists and reviewing documents. Additional time may be billed at a prorated rate.

2. Treatment options and their relative risks and benefits

Clinicians will discuss the patient's condition, the recommended therapy, and the benefits and risks of the recommended therapy. The WBMA, LLC provider may prepare a written confirmation of the risk and benefit discussions and ask the patient/patient's representative to acknowledge their consent to the therapy he proposes by voluntarily signing a consent form entitled "Consent for Purposes of Treatment, Payment, and Healthcare Operations."

3. Availability of evening and afternoon appointments

Afternoon and evening appointments are reserved for patients that are seen at least twice monthly.

4. The right to withdraw

You have the right to discharge WBMA, LLC at any time and for any reason. WBMA, LLC has the right to withdraw from treating the patient when and as permitted or required by medical ethics and state law.

5. Telephone and website refill policy

Medication refills should be initially sent to your pharmacy. If your pharmacy cannot fulfill this request please call the office between 8:30 a.m. and 4:00 p.m. weekdays and these requests will be processed within 48 business hours of the business day the request is made. Requests after 4:00 p.m. will be recorded on the following business day. When requesting a refill, please provide:

Your Name

Name of Medication, Dosage & Instructions

Pharmacy Name and Number

Date of your Next Appointment

Prescriptions may only be called in for patients who are current patients and who maintain their regularly scheduled appointments. For your safety, medication refills will not be called in over the weekend except in emergencies. There may be a charge of \$30.00 for

telephone refills requested after business hours unless prior arrangements have been made in advance with your provider.

6. Billing and Payment Expectations

Payment is due at the time services are rendered. WBMA, LLC accepts cash, personal check or major credit cards (American Express, Visa, Master Card). WBMA, LLC will provide a receipt with the codes necessary for the insurance company to evaluate all claims. WBMA, LLC requires a credit card on file for each patient to ensure timely payment, though the above alternatives are available for any individual payment. WBMA, LLC's fees are based on the amount of time spent in an effort to treat the patient. Each session has designated time limits, as indicated in the current Clinician's Fee Schedule. WBMA, LLC's rates are adjusted approximately annually, so they may increase during the course of the engagement. In addition to fees for medical services, providers also may charge for various costs, such as travel time as well as the following types of services: long distance and overseas telephone calls (when appropriate), messenger services, express postage, time spent reviewing documents, communicating to other providers, preparing treatment plans/letters/reports on your behalf, and other costs incurred on behalf of the patient.

7. WBMA, LLC does not participate in Insurance Programs

To make it possible for WBMA, LLC to spend more time on matters directly related to patient care, WBMA, LLC does not participate in any healthcare, managed care, or HMO insurance programs. **WBMA, LLC does not complete or submit claims to your insurance company.** You are responsible for obtaining your own reimbursement from your insurance company. If your insurance company covers and authorizes Out of Network reimbursement, they will pay you directly. To obtain any reimbursement that you may be eligible to receive, you will need to fill out the forms that your insurance carrier requires, and submit such forms to your insurance company along with WBMA, LLC's "Superbill." WBMA, LLC will provide a "Superbill" with all necessary treatment and diagnostic codes required to seek Out of Network reimbursement. If your insurance company requires that WBMA, LLC complete treatment planning forms to authorize your treatment, an administrative fee may be charged for the time spent completing the forms.

8. Prior Authorization from Your Insurance Carrier for Psychiatric Care and/ or Medication

If your insurance plan requires prior approval or authorization before services are rendered, please contact your plan directly to obtain authorization before any meetings. Please note that most insurance plans base approval on the model used for adults~ typically covering just one initial evaluation session. WBMA, LLC's evaluation of a child or adolescent patient typically requires three 50-minute sessions.

Inform your plan that WBMA, LLC's evaluations typically will have the following procedure codes: the first 50-minute session will have a "90792" code: the second 50-minute session will have a "99213/90836" code: and the third session will have a "90847" code. The insurance company will understand the meaning of these procedure codes.

9. Limitations on the professional relationship

WBMA, LLC will be treating only the patients that have been evaluated.

B. **Psychotherapy and Testing**

1. Understanding Billing and Financial Policies

Like our psychiatry services, psychotherapy and testing services are Out of Network. Our providers do not serve on insurance panels and are not eligible for direct reimbursement by insurance. With this in mind, payment is due at the time of service, or as agreed upon within a signed payment plan for testing. WBMA, LLC will provide a detailed "Superbill" with all necessary treatment and diagnosis codes so that you may seek Out of Network reimbursement, paid directly to you. For testing, this "Superbill" can only be provided once all services are completed, and all diagnoses are made. When you schedule therapy or testing with us, we will send you a detailed printout of necessary codes and information to share with your insurance company for potential reimbursement as well. This information will be necessary for any pre-authorization your insurance requires. Please keep in mind that pre-authorization is not a guarantee of payment. Additionally, pre-authorization may not include coverage at the full amount billed. Full payment is required by WBMA, LLC regardless of your insurance reimbursement. WBMA, LLC cannot guarantee coverage for any of our services.

A \$395 deposit will be required at the time of your intake/diagnostic evaluation. This amount will cover the intake. In the case of testing, this amount will be subtracted from the overall cost you are quoted.

a. Fees for Therapy

- 1) A specific fee schedule for your provider will be provided at the time of scheduling.
- 2) If you are unable to attend a scheduled therapy session, please contact your provider or our office manager as soon as possible. We ask that you understand that our provider has set aside time for you that cannot be easily rescheduled. Please provide at least a 48 business hours notice for cancellations. If you provide less than 48 hours notice, you will be charged the full session fee. This payment will be due before another appointment time is concerned. We do request that you cancel if you/your child is sick.

b. Fees for Case Management

Case management fees are never insurance reimbursable.

- 1) Phone consultations with patient, patient's representative, or designated consultee (e.g., teacher, doctor) are billed in 10 minute increments, at a prorated rate of \$305 per hour. The same fees are charged for letter writing.
- 2) School/home observations, and attendance at meetings (e.g., IEP, 504, Learning Support Plan, EMT), are billed at \$310 per hour, including travel time.
- 3) If expert testimony is required, the fee will be \$380 per hour, including prep time, wait time at court, and court appearance, as well as travel time to and from the site of the testimony. Regardless of time spent, there is a minimum fee of \$760. If court is cancelled, please provide 48 hours notice to avoid the minimum fee. *It is the responsibility of the patient/patient representative to pay the full fees to the 'expert witness' regardless of the outcome of the case.* Billing for expert testimony is ethically required prior to court appearance to ensure unbiased testimony. The testifying clinician will provide a written invoice based on expected time, and any unused amount will be refunded following testimony. We will ask that a written agreement be signed prior to testimony.

c. Fees and Information for Neuropsychological/Psychological Testing

- 1) Testing. Our testing fee always includes a 60-90 minute intake/diagnostic evaluation, testing time (up to eight hours), written report, and 60-90 minute feedback session.
- 2) Additional Charges. Additional charges will apply if the individual requires more than eight hours of testing, or if the patient/patient's representative requests additional time for intake or feedback. Additional charges will also be appropriate if reviewing the patient's records/previous evaluations exceeds the allotted hour included in the testing fee, a school/home observation is included, if a second/edited version of the report is requested for use in a specific environment (this does not include edits for typos/errors), or if meetings or consultations are requested following feedback (e.g., with the family, with providers, with school personnel, at meetings like IEP, EMT, 504, etc.). The patient/patient's representative will be notified of any additional charges prior to scheduling the additional time, and will be billed, upon agreement at a rate of \$310 per hour, prorated in 10 minute increments.

3) Feedback Session. Feedback is scheduled once your provider has finished reviewing all of the final data and the report has been written. Exact timing may vary based on the volume of previous records to be reviewed (e.g., previous evaluations, school work samples, therapy progress notes, IEP/504 Plans), need to obtain questionnaires from other observers (e.g., teachers, family members), consult with regular providers (e.g., therapists, OTs), and openings in your provider's schedule that correspond with your own availability. Your written report will be provided after the feedback session.

4) Specific Fees. Specific testing fees will depend upon the age of the individual, need, and the agreed upon testing battery, since each case is personalized based on each person's needs. Detailed discussions of each testing type can be found on our website. You will decide together, with your provider, which testing type best meets your needs. The following estimates are provided:

- Comprehensive Psychological Testing (Neuropsychological & Social Emotional Evaluation): \$4900-5500
- Neuropsychological/Psychoeducational Testing: \$4700-5200
- Developmental Testing (for children up to age 5): \$4300-4900
- Admissions/IQ/Gifted Testing: \$600-1200
- Admissions Testing + Brief Academic Evaluation: \$1200-1800
- Social-Emotional Assessment (ages 6 through adulthood): \$2000-3500

5) Expedited Report. If you request an expedited report, your provider may be available to provide one at his/her discretion. If so, an additional charge of \$800 will be billed on the agreed upon date the written report is provided.

6) Payment & Confirming Appointments. Your \$395 intake fee is due at the time of your intake appointment. This is deducted from the full testing amount quoted by your provider. The first half of the estimated testing charge is due on the first day of testing. The remaining testing fee is due at the time of feedback. In order to hold your appointments, we also ask that all paperwork be completed within 48 hours after you have received it. Should you be unable to complete your paperwork in this time, please contact us so that we can continue to hold the appointments. We understand this is a lot of work but must ensure that our clinician's time is covered. Please understand that when testing is scheduled, up to five days of time is set aside by the provider to complete the testing and write the report.

7) Cancellation. We understand you wait a long time for a testing appointment. However, if you/your child is sick at the time of testing, we do not recommend moving forward, as performance and results are often negatively impacted, invalidating the findings. While it will delay results, please call to reschedule as soon as possible. Again, please understand that when testing is scheduled, up to five days of time is set aside by the provider to complete the testing and write the report.

8) Independent Educational Evaluation (IEE) Testing. In the case on an IEE, an official IEE agreement is required from the school. Obtaining and providing this agreement is the client's responsibility. For this testing, the clinician is required to follow all procedures specified in the letter. Following an IEE, the written report must be submitted to the school system by the provider. If you should choose not to share the findings with the school system, you will be required to cover all fees that would have been covered by the school as part of the IEE agreement.

9) Student Training. Please note, our masters and doctoral students at WBMA, LLC frequently join our testers during sessions, both for their learning process and to assist the testers with indirect tasks, like gathering materials and taking notes.

2. Additional Information

a. Inclement Weather.

WBMA, LLC follows Montgomery County Public Schools (MCPS) for snow closure. For safety, we do not require providers to drive if conditions are unsafe. To make this judgment, we follow MCPS' decision. You and your provider may agree to move forward with a session if MCPS is closed, if you both agree. You will not be charged for a cancellation if MCPS is closed, or if the school district in which you reside is closed.

b. Clinician Emergency.

While our providers always do their very best to commit to their appointments, emergencies, including illness, do occur. If your provider needs to cancel or reschedule care, s/he, or our office manager, will contact you as soon as possible.

c. Childcare.

Parents/legal guardians may leave the premise during testing if your child is over 5. However, if you do choose to leave, please be sure to leave ample time to arrive for pick-up on time (e.g., at the end of the 50 minute therapy session). Children are often very upset if they cannot find their parent/legal guardian when they leave sessions. Additionally, we cannot monitor your child in the waiting room if we have other appointments, or if we need to leave the premises. If you leave during testing, please make sure we have your contact information and that you are able to return in a 20-30 minute window should your child need to end the session earlier than expected.

d. Waiting Room.

We welcome family members and caregivers in our waiting room. While you are welcome to drink water only, please take your trash with you and avoid peanut products out of respect for those with allergies. If you are a nursing mother, we welcome you to our office, and request that all others treat you with respect. Please dispose of any and all dirty diapers after you leave the office, as we do not have the ability to dispose of them properly.

e. Allergies.

If you or your child has a specific allergy of which we should be aware, please let us know so we can make attempts to ensure our office is ready to welcome you on the dates you attend.

Patient Name

Patient's Date of Birth

Signature

Date

Printed Name in Signature (if not patient)

Description of Personal Representative's Authority