



## My Mental Health, LLC

**Office Policies:** The following list of practice policies will be enforced at all times to ensure the delivery of safe and effective care. No exceptions.

**Required for all appointments:** At each visit you must bring your most current insurance card, photo ID, and a method of payment. We accept cash, credit and checks at our Glen Burnie location. Credit and checks only at Pikesville. *Failure to provide your payment in full may result in your appointment being cancelled or a late payment fee of \$25/ each month of delayed payment.*

**New Patients:** Please note that the first evaluation appointment is to complete an assessment to determine appropriateness for our practice. It is NOT a guarantee of future care or services. If we are unable to take on your case, we will notify you within 24 hours by phone call or email. If your initial appointment is missed due to a No Show or Late Cancellation, you are not eligible to reschedule.

For in office appointments, please arrive 5 minutes prior your scheduled appointment, and 15 minutes if you are a new patient. Minors (anyone under 18 years of age) are not permitted in session with you or in our waiting room so that we may provide the best care possible to our patients.

**Conduct/Compliance:** We strive to work with all patients and meet their individual needs. However, occasionally we will decide that we are not the right practice for a particular established case. Should this occur, the patient will be notified in writing of a need to transfer care and referral options will be provided.

Active substance abuse, violent, or inappropriate behavior will not be tolerated under any circumstances and will result in immediate termination of care. We reserve the right to randomly drug test all patients prescribed controlled substances by our office.

**Office Fees Cancellation/No Show policy:** Please notify our office with 1 business day notice (24 hours) if an appointment will be missed to avoid being charged \$75 late cancellation fee. The late cancel/ no show fee is \$100 for a couple's session. This fee cannot be paid by a flex spending or HRA card. *No Show/Late Cancel fee needs to be paid in full before the patient may reschedule.* Failure to attend more than two consecutive, or three total appointments, may result in termination of care.

**Prescription Refills:** Patients are responsible for contacting MMH prior to running out of medications. Please allow your provider at least 3 *business days* to refill your medication. If you have not had a follow up medication visit in the past 3 months; your refill request may be denied. There will be a \$50 fee for any refills outside of scheduled appointments.

We are not able to change medications except during a scheduled office visit.

**Confidentiality:** Medical records are confidential and WILL NOT be released without written consent of the patient and/or legal guardian. The only instance where patient confidentiality may be compromised, is if the safety of the patient, provider, and/or others are in imminent danger.

Please know that the provider is obligated by law to report abuse, neglect, and or the endangerment of someone's safety. Except in the case of another physician's office making the request, a fee will apply to all records requested. This fee will be the patient's responsibility (unless covered by the requesting party) and will be collected in advance. Medical Records are .83 cents per page plus any applicable fees if records are mailed. Please allow 7-10 business days to prepare records.

**Documents/Letters/Forms:** Allow your provider at least 10 days for any documentation/forms, etc. to be completed. If an address or fax number is provided, we will mail or fax on your behalf. Otherwise we will contact you once completed for pick up. There is a minimum fee of \$50 that applies to all forms. This fee is the patient's responsibility and will be collected in advance. Providers have the right to decline completion of any form if they feel the request is not appropriate.

**Patient Payment Obligations/Insurance Information Payment for Services:** Payment for services rendered must be paid in full at the time of your appointment. Our providers reserve the right to cancel an appointment at any time. As a courtesy, we will verify your coverage and bill your insurance carrier on your behalf. However, you are ultimately responsible for payment of your bill.

You are responsible for any amounts not covered by your insurer. If your insurance carrier denies any part of your claim, or if you or your physician elects to continue past your approved period, you will be responsible for your balance in full.

**In Network Insurance:** My Mental Health LLC has established arrangements with BCBS, Cigna, Medicare and Tricare. If your provider is in network, we will bill your insurance directly. Please Note: All deductibles, co-insurance, and co-payments are the patient's responsibility. Many insurance companies have additional stipulations that may affect your coverage.

**Out of Network Insurance:** If the patient's health plan and/or Insurance provider declares a service by My Mental Health to be "Not Covered" and/or "Out of Network", the patient is responsible for the complete charge for that date of service. My Mental Health LLC will bill the patient for that date of service rendered and payment is due upon receipt. Late charges (\$25 per statement) will be applied if not remitted within 45 days upon receipt of statement.

**Returned Checks:** If your check is returned to My Mental Health LLC for insufficient funds, there will be an additional charge of \$50 billed which is patient responsibility.

**Self-Pay:** If the patient is not currently insured or wishes to not use insurance, the patient will be responsible to pay the full and entire treatment amount to My Mental Health LLC. If you have out of network benefits, please see the Out of Network checklist (available at front desk) to help you submit claims to your insurance for reimbursement.

**Collections:** Accounts that are not paid within 30 days will begin our in house collection process. Any accounts 120 days old will be sent to Alacrity Collections Corporation and a 35% collections fee will be applied to your outstanding balance. If you have any questions, please call us at 443-354-1200 to speak to one of our Admin.

**Telehealth Services:** Due to COVID-19 insurance has allowed Video visits in lieu of in office visits when deemed appropriate by provider and preferred by patient. However, at any time, insurance may return to requiring in office care. We will do our best to keep you informed of these changes. If you wish to continue virtual care AFTER the insurance is no longer covering it, you will be responsible for self-payment. *Please note that virtual care requires VIDEO.* Telephone based care alone is not covered by insurance at any time.

**Consent for Treatment and Authorization to Release Information:** I hereby authorize My Mental Health, LLC, through its appropriate personnel, to perform or have performed upon me, or the above named patient, appropriate assessment and treatment procedures. I further authorize My Mental Health, LLC, to release to appropriate agencies, any information acquired during my or the above-named patient's examination and treatment.

If you are a medication client of Dr. Hanita Chhabra's, a virtual scribe may be used to transcribe a medical record of your encounter. Dr. Chhabra will review all transcribed notes prior to signing to ensure their accuracy. If you are NOT willing to have a scribe document your note, please let staff know immediately.

I have read and understand the information provided above regarding the Office Policies, and all of my questions have been answered to my satisfaction.

Patient/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_