

Regional Psychiatry
9100 Conroy Windermere Rd, Suite 200, Windermere FL, 34786
Tel: 407-462-1254 / Fax: 407-604-6614

Practice Policies and Agreement (12/31/2022)

Confidentiality

Patients who are 15 and older have rights to confidentiality under Florida State law.

For those who have requested that records be kept confidential, information can be disclosed without consent in cases in which a patient is deemed to be an acute danger to self or to others, and unable to care for self. Additional causes for disclosure of information without consent include suspected child/elder/vulnerable person abuse and a court order/subpoena.

Your provider may use or disclose health information to provide and coordinate your health care.

Please note that if you choose to use your insurance for reimbursement your information will be shared in accordance with the agreement and policies set forth by your insurance company. Insurance companies always require a type of service and diagnosis codes.

Appointments

New Intake Appointment

It is mandatory that all patients join our Luminello portal, you will receive an invite to join via the email address you provide. You will create a username/password to login.

Once inside you will complete all the forms in the Document folder. A few need to be DocuSign.

We require, 72 hours **PRIOR** to your appointment photos of:

- a) front of your Driver's License
- b) front and back of your Insurance Card.
- c) ALL forms to be completed

At the end of a visit your physician, psychiatric nurse practitioner, therapist, or staff member, will provide you with a follow-up appointment within a specific time frame appropriate to your condition upon checking out. If any unforeseen issues arise, please contact our Scheduling Department at 407.462.1254 to be seen sooner.

Appointments can be conducted only if you are physically in the state of Florida and you are a resident of the state of Florida.

If you are traveling out of state, your appointment must be canceled and rescheduled. If we are not notified within 24 hours of your appointment, and need to cancel, our cancellation fee will apply.

To be considered a state resident you must reside within the state of Florida more than 6 months during the year.

Proof of residency in Florida:

Deed, monthly mortgage statement, mortgage payment booklet or residential rental/lease agreement, utility bill; Florida voter registration card; Florida vehicle registration or title

Cancellation Policy / Late Cancellations/ No Shows and Fees

Appointments that are missed without having notified our office at least 24 hours in advance will be charged at 50 percent of the full fee. Monday appointments must be cancelled one (1) business day prior. Please note that insurance will not reimburse missed visits. If you show up late to an appointment, extra time will not be added to the end of the sessions. More than three missed appointments or late cancellations may be grounds for termination of treatment.

Appointment Confirmations: Luminello sends out appointment confirmations 72 hrs. prior to your appointment. Our front staff sends out appointment reminders the day before

Our reminders are sent out via text messaging. In the text, Regional Psychiatry will appear as “Reg P.”

It is the **patient’s responsibility** to keep track of their appointments. Since this is a Tele-Med appointment, please have the provider’s doxy.me link saved so you can connect to your virtual session, on time.

Method of Contact

We use text, email, or phone as methods of contact. If you object to any of the methods, we use we request you contact our office at 407.462.1254

Voicemail/Messages

While we do have an answering service from 5pm to 9am and 12pm to 1pm, if urgent, you need to call 911 or go to the nearest ER. Anything other than urgent we will do our best to respond within 48 hours.

Calls left late on Friday will be processed on Monday morning.

Emergencies

For life-threatening medical emergencies, psychiatric crises, or if you are at risk of harming yourself or others, CALL **911** or go to your nearest emergency room. Additionally, Central **Florida Behavioral Hospital** has a 24/7 walk-in clinic **321-247-7275 or 407-370-0111** located at 6601 Central Florida Parkway, Orlando, FL 32821.

You should instruct the emergency room to notify your treating physician. For the sake of continuity of care, we ask that you bring any discharge instructions or medication adjustments to your next appointment.

Additional Behavioral Health services is performed at the following facilities:

- Orlando Health Dr P Phillips Hospital 407-351- 8500 located at 9401 Turkey Lake Rd, Orlando, FL 32819
- South Seminole Hospital 407-767-1200 located at 555 W FL-434, Longwood FL, 32750
- Orlando Regional Medical Center 321-841-5111 located at 52 W. Underwood Street, Orlando FL, 32806

Telephone Calls

We provide face-to-face care but urge patients/family members/significant others to call us regarding medication interactions or any new behaviors that may be causing concern. In most cases, issues that cannot be handled with brief management or recommendations will require an office visit.

Virtual Sessions

We offer virtual sessions using a HIPAA compliant software (doxy.me). We require you to log in, no less than 5 minutes prior to your appointment to ensure your treating provider will be logged into the virtual portal and your appointment will start on time. A valid credit card or debit card must be left on file **at ALL times**.. Payment: Monies due at time of visit i.e. Copay, Deductible, Coinsurance, Self-Pay, will be charged to your payment method on file, the day **PRIOR** to your appointment Make sure to be in a setting with strong Wi-Fi connection. Session may be performed via your desktop computer, laptop, tablet, or smartphone. Although rare, it is possible to have a connectivity (internet) issue during a virtual session. If there is a connection issue interfering with the session, the remainder of the session will be conducted via telephone.

***Virtual Login Instructions:** open web browser. Type in URL provided to you by our receptionist or call (407-462-1254). Enter your first and last name and click “check in.” Click the ON button allowing your browser to use your webcam and microphone. Wait for your provider to login and connect. *Save the URL as it will be the same URL for future sessions.

As with any medical procedure, there are potential risks associated with the use of telemedicine/teletherapy.

These risks include, but may not be limited to:

- In rare cases, information transmitted may not be sufficient (e.g., poor resolution of images) to allow for appropriate medical decision making by the physician and consultant(s).
- Delays in medical evaluation and treatment could occur due to deficiencies or failures of the equipment.

- In exceedingly rare instances, security protocols could fail, causing a breach of privacy of personal medical information.
- In rare cases, a lack of access to complete medical records may result in adverse drug interactions or allergic reaction or other judgment error.

By signing this Policy Form Below, you attest to and understand the following:

1. I understand that the laws that protect privacy and the confidentiality of medical information also apply to telemedicine/teletherapy, and that no information obtained in the use of telemedicine/teletherapy which identifies me will be disclosed to researchers or other entities without my consent.

2. I understand that I have the right to withhold or withdraw my consent to the use of telemedicine/teletherapy during my care at any time, without affecting my right to future care or treatment.

3. I understand that a variety of alternative methods of medical care may be available to me, and that I may choose one or more of these at any time. The clinician has explained the alternatives to my satisfaction.

4. I understand that I may expect the anticipated benefits from the use of telemedicine/teletherapy in my care, but that no results can be guaranteed or assured.

Refills

Prior to having less than a 4-day supply of medication left, please inform your provider via Luminello messaging center when you are in need of a refill.

We send electronic prescriptions to the pharmacy of your choice.

We have no way of knowing if your pharmacy has the medication in stock to fill your Rx.

In general, your prescribing provider will provide as many refills as believed to be reasonable given the stability of your condition and frequency of monitoring needed. If your condition requires monitoring, and we have not seen you recently, we may insist on a new appointment. We will typically provide you with enough medication until the next appointment. We do this to provide safe and appropriate care for you.

If you need a remaining refill, please contact your pharmacy. Your pharmacy will contact our office if authorization is required. Your requests will be processed within 1-2 business days after receipt of your pharmacy's requests so please plan accordingly. We reserve the right to decline issuing prescription refills if medications have been lost or stolen, or if you have missed an appointment. **For an urgent immediate refill, you may go to your nearest Emergency room**

Scheduling

In most cases, visits are frequent upon treatment initiation, with the time between appointments lengthening, as stability is achieved. Refills often follow that pattern as well. For safety, our standard of care is to see long term patients a minimum of every three months. Since active psychiatric conditions require monitoring as they evolve, if you miss appointments or fail to schedule, resulting in you not receiving treatment by me in 6 months, your file will be formally closed and your provider at Regional Psychiatry will no longer be your psychiatrist of record. If you wish to return as a new patient, a new initial intake appointment would have to be scheduled.

Hours of Operation:

Standard hours are Monday-Friday 9am-5pm. Some evening and weekend availability may be available on request.

Our Office observes the following Federal holidays: Independence Day, Labor Day, Columbus Day, Veterans Day, Thanksgiving, Christmas Day, New Year's Day, Martin Luther King Jr. Day, Presidents Day, Memorial Day, Juneteenth Day.

If any of these holidays fall on a Saturday, we will observe it on the Friday before. If any of these holidays fall on a Sunday, we will observe it on the Monday after.

Patient Records

You may request copies of your medical records at your own discretion and ask that factual errors be corrected. Depending on the amount of records requested, a nominal service fee may be applied. Parts of your record that could potentially be more detrimental than helpful to your

psychological well-being may be withheld. You may also authorize in writing that copies of your records be released to entities you designate.

All charts and records are generated and stored using the electronic medical record platform Luminello. Patients will be sent via email a link to generate a portal account to Luminello where you will be able to access your account and receive notifications from our clinic.

Requesting Written Letters / Paperwork

For simple letters stating you are currently in treatment with your provider and / or was present at our clinic on a particular date will be provided at no cost. For detailed letters such as Disability claims, FMLA, work / school accommodations, Clearance for medical procedures, military clearance, or any letter that will require a blocked period of time during work hours will come with a fee ranging between \$75.00 - \$150.00 depending on length of time needed to complete. This fee is per Letter / paperwork package. If additional paperwork /forms are required to be filled out (or additional letters needed) at a later time, an additional \$75 - \$150.00 fee will be applied.

Messaging

You can send messages through Luminello, or text message to your physician or the administrative team. Messages can be used for non-urgent matters such as appointment reminders, medication refill, insurance questions. You should **NOT** use the Luminello messaging software for any **urgent** questions including symptoms of medication side effects, experiencing desire to harm yourself or others, or need an **Immediate** response. Please refer to the Emergency section above for management of urgent issues. Messages will not be read after 5pm on business days, nor will they be read on weekends. We will try our best to respond to messages within 48 hours. Any messages left late on Friday will be processed on Monday morning.

Social Media

To maintain HIPAA and confidentiality, it is our practice to refrain from engaging in social media with our clients (such as Facebook, twitter, Instagram).

BILLING

We automatically bill for services one (1) business day PRIOR to when they are rendered.

Credit Card on File

-We require that a valid, working credit card / debit card be left on file and authorized for use by Regional Psychiatry physician, staff, and our billing department to cover any outstanding balance including Cancellation / No Show Fees, Copayments, Deductibles, Coinsurance, Self-Pay.

The card on file MUST be in the name of the patient.

Exceptions are if the patient is a minor, guardianship or valid power of attorney is in place.

Since we practice Tele Med, we may require a photo of the front and back of your credit card.

If your bank account or credit card information in the future changes for any reason, it is your responsibility to notify Regional Psychiatry providers and / or staff team, so we can update your information.. Authorization to use card on file to collect outstanding payments, shall remain in effect until the patient doctor relationship between yourself and Regional

Psychiatry provider has ended, or when your provider has received written notification from you of its termination.

If the patient is a legal adult, and the card on file is in a name other than their own, the cardholder must sign a form agreeing to the use of their card. It cannot be an electronic signature. We require a copy of the cardholder's driver's license.

Please refer to our credit card on file authorization form for further details.

Credit Card will be billed PRIOR to appointment

Our billing department will run your credit card on file **PRIOR** to your appointment for all self-pay, copay's, deductibles, and coinsurances. If you have a morning appointment, our billing department will run your payment at 12:00PM the day before your appointment and if you have an afternoon appointment our billing department will run your payment at 9:00AM the morning of your appointment. We collect based on our contractual amounts with each insurance company.

Should your credit card decline, our office will contact you to have you update your credit card information. You will have **up until one hour before your appointment** to update your credit card information and have your payment run through successfully in order to keep your appointment. If you do not update your information in time **your appointment will be cancelled** and you will be charged a late cancellation fee. Once your credit card information is updated and the late cancellation fee is paid you will be able to reschedule your appointment.

Balance Due/Patient Responsibility:

Once your claim is processed by your insurance, if you owe additional money our office will invoice you and you will have 14 days to make the payment, if the payment is not made the system will automatically charge your credit card on file. If you have a credit our office will apply it to your next visit, if you are no longer being seen by our practice our office will refund you any money owed to you.

If you owe a balance and your credit card on file is declined our office will reach out to you 3 separate times (twice by text, once by phone) to try and get your credit card on file updated. If you do not update the information and pay your balance your account will then be sent to collections. You will receive the collection letter and will then have one week to provide our office with your payment and put an active credit card on file before it is sent to the credit agencies. You will then be discharged from the practice.

It is **your responsibility** to keep your credit card on file up to date with our office, If your card declines for 3 visits it may result in **termination** from Regional Psychiatry.

Please contact our billing department with any questions or concerns regarding charges or payments. If you dispute a charge with your credit card company that is an **AUTOMATIC termination** from Regional Psychiatry. If you need to set up a payment plan, for any reason,

please contact our billing department directly. Keep in mind that if you set up a payment plan it is **your responsibility** to keep up with your payments. We ask that you contact our office if you need to change the payment plan set in place for you. Should you default on a payment your balance would need to be paid in full before you can be seen again, you will no longer be offered a payment plan option, and your account will be sent to collections

Late Payments:

If payments are >14 days late without notice to us, accounts may be forwarded to collections. If outstanding balances are not paid and not addressed, treatment information may be released for collection agency involvement. If the undersigned fails to pay for services rendered and collection efforts become necessary, the undersigned agrees to be responsible for all collection costs, court fees and including attorney's fees.

Insurance Card on File:

Each year it is **your** responsibility to inform our office of your new insurance. We ask that you send us an updated insurance card (front and back). We understand that some insurance runs year to date but a majority of insurances run on a calendar year. Therefore, we ask that before the end of each year you inform us if your insurance plan is the same as the previous year, runs on a year to date basis, or provide us with your new insurance.

If we do not have this information, three (3) days PRIOR to your appointment, you risk being self-pay for any visits until we can verify your insurance benefits.

Fees and Codes: (as of 11/25/2022):

Below are some of the typical fees and associated CPT codes (standard insurance descriptors) that we commonly bill (subject to change) We are knowledgeable about reimbursements and bill for the highest level that is appropriate; however, variations exist depending on specific insurances. The most common codes are below. If you wish to ask your insurer what they will reimburse for, they may wish to know our NPI (1255979449). A common "diagnosis" code used is unspecified episodic mood disorder (F39), attention deficit hyperactivity disorder (F90.9) or anxiety disorder unspecified (F41.9). That information should be sufficient for your insurance to advise you.

Psychiatrist and/or Psychiatric Nurse Practitioner Fees & Codes:

1. Psychiatric Initial Diagnostic Evaluation (Approximately 60 minutes) \$250.00 - \$300.00 (CPT code 90792, 99204, or 99205)
2. Typical follow-up medication management visit (Level 4 or 3 complexity) \$125.00 - \$150.00
(CPT code 99214 or 99213 respectively)
3. Psychotherapy (Approximately 15-30 minutes) - \$80.0 (CPT code 90833)

Psychotherapist Fees & Codes:

1. Psychotherapist Initial Diagnostic Evaluation (Approximately 60 minutes) \$130.00 (CPT code 90791)
2. Typical follow-up Psychotherapy (1 hour) \$130.00 (CPT codes 90837)
3. Typical follow-up Psychotherapy (30 min) \$65.0 (CPT codes 90834, 90832)

Insurance and Payment:

For In Network Insurance:

We Currently Accept Aetna, Cigna, United Health Care and BCBS.

Copayments, Deductibles, Coinsurance and Self Pay are due 1 business day prior to the date of your appointment. Payment, regarding outstanding invoices, is due no later than the end of 14 days from the statement date.

For Out of Network Insurance:

-We Accept Out of Network Insurance (Except Medicaid). Payment for out of network is due at time of service. At the end of the session, you will be provided with a superbill containing the CPT diagnostic codes for you to submit yourself to your insurance for reimbursement. Contact the membership number on the back of your insurance card. An insurance representative will direct you to the area on the insurance website where a reimbursement form can be printed out. You will complete that form, in addition to providing the CPT codes from the superbill. The form will then be submitted to your insurance company by either mail or fax to receive reimbursement.

-**We are not in network with Medicare.** If you have Medicare and want to be seen by our practice, you will be required to sign an Opt Out of Medicare Agreement.

-**We are not in network with Medicaid.** You will be required to sign an agreement stating that you are not in network with Medicaid and will notify us immediately if/when you are. The practice is unable to see patients if they are on Medicaid.

Acknowledgment I read the above Practice Policies:

I have read the above practice policies and have had the opportunity to have my questions answered. I understand that policies and fees change over time and that I will be updated regarding any major adjustments. I have read and acknowledge receipt of Regional Psychiatry's notice of privacy practices (can be found at www.RegionalPsychiatry.com) and have had my questions answered.

I consent to evaluation and treatment by a Regional Psychiatry provider and agree to be responsible financially for services rendered.

Print Patient Name: _____

Date: _____

Signature of Patient: _____