



1538 The Greens Way • Suite 101  
Jacksonville Beach, Florida  
904-543-0161

## **Welcome to our Practice**

The following pages are in two parts:

- 1) Consent to Treatment form (1 page).
- 2) Policies and Procedures form (3 pages).

The first form can be printed and signed or it can be complete on your computer then printed and signed.

The second form only needs to be printed, read and signed.

Please bring both completed forms to your first appointment.

If you have any question please feel free to contact us at 904-543-0161.



PATIENT INTAKE AND CONSENT TO TREATMENT

1538 The Greens Way, Suite 101
Jacksonville Beach, Florida 32250
(904) 543-0161

PATIENT INFORMATION:

Name: Address:
Date of birth: Age: Sex: City:
Social security #: Home #: State: Zip code:
Work #: Cell#: Which doctor/therapist will you see today?
How did you hear about us?

Child Patient

School: Grade: IEP (y/n): 504 plan (y/n):
Other special program(s):

Adult Patient

Employer or College: Type of work or major:

RESPONSIBLE PARTY (if other than patient)

Name: Address:
Social Security #: Phone #: City:
Relationship to patient: State: Zip code:

INSURANCE INFORMATION

Name of policy holder: Insurance Co.: Insurance type:
Insurance ID#: Employer: Insurance phone #:
Date of birth:

CONSENT TO TREATMENT

I hereby consent to evaluation/examination and treatment. I hereby affirm that I am of legal age and otherwise competent to consent to medical treatment. If not, the person signing below represents that he or she is a parent, legal guardian or person otherwise allowed by law to consent to the examination and treatment of the patient, and by his or her signature hereto so consent. Please read additional pages in this packet for general office policies.

Patient's Signature Date Parent, Legal Guardian, Etc. (if necessary) Date
Witness Date

## **Office and Financial Policies**

### **Marsh Landing Behavioral Group, Inc.**

1538 The Greens Way, Suite 101  
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(904) 543-0161

### **INTRODUCTION**

This document contains important information about our professional services and business policies. Please read it carefully. Write down any questions you have so that we can answer them at your next appointment. When you sign this document, it establishes an agreement between the patient and/or the patient's representative (hereinafter termed "you") and Marsh Landing Behavioral Group, Inc. (hereinafter termed "MLBG", "we" or "us").

MLBG is a corporation providing administrative and management services to a number of independent mental health professionals (physicians and therapists). While these practitioners share certain expenses and administrative functions, each of us is completely independent in providing your care, and is fully responsible for the care provided.

### **DURATION AND NATURE OF TREATMENT**

Both individual and family psychotherapy typically involve regularly scheduled weekly or bi-weekly appointments with your therapist. Medication management appointments with your physician are usually one to three months apart, but may be more frequent early in treatment, or when medication changes are being made. The frequency of appointments reflects guidelines established by the Food and Drug Administration (FDA) and Drug Enforcement Agency (DEA). The total duration of treatment depends upon your diagnosis, your compliance with treatment, your response to treatment, and other individual variables. Medically, our goal is to alleviate your symptoms as rapidly as safety permits, and we do not prolong treatment unnecessarily.

You must come to your appointments to receive proper care. We cannot treat you or manage your medication by phone. You are responsible for making and keeping your appointments. We will accommodate school and work demands by providing excuses and documentation as needed.

If you miss a scheduled appointment and are otherwise in good standing in this practice, we will reschedule you on a space-available basis. However, if you have a pattern of missing appointments, or if you do not schedule a follow-up appointment within 120 days, you are considered to have discontinued treatment. We will consider you discharged from this practice. In some cases, you may request to return to MLBG at a later date.

If you need unscheduled urgent care, we will make every effort to open time for you as quickly as possible.

### **CONFIDENTIALITY**

All information about you and your treatment is confidential and will not be disclosed to anyone without your written consent EXCEPT: 1) if your physician or therapist believes you are a clear and imminent danger to yourself or to another person; 2) if a person under 18 is being physically, emotionally, or sexually abused by another person; 3) if a court subpoenas your physician or therapist, or your records; 4) if an insurance company paying for your treatment requires information about diagnosis or treatment; 5) if information in your records is necessary for emergency medical care (e.g., you are being treated in a hospital emergency room and the treating physician needs information from MLBG). In all other cases, MLBG will not even acknowledge that you are a patient here unless you sign a release of information.

Each physician or therapist at MLBG keeps separate professional records. If you are seeing more than one professional at MLBG, your signature on this document authorizes them to communicate with one another about your treatment. We believe this benefits you by improving our ability to coordinate care. However, you can revoke your consent by notifying us of your wishes in writing.

### **MINORS**

All members of the family, including children and adolescents, can expect their privacy to be protected except in the circumstances described above. However, if you are under the age of eighteen, your parents may have a legal right to see your treatment records. Our policy is to ask parents to relinquish this right and, if they agree, to provide them with general information about the minor child's treatment. Before giving parents this information, the minor patient's physician or therapist will discuss the matter with the patient if possible, addressing any objections the patient may have. As previously noted, confidentiality will be suspended and the parents notified if the minor patient is deemed dangerous to himself or to someone else.

### **YOUR RIGHT TO YOUR RECORDS**

You are entitled to a copy of your records, or a summary thereof, unless your physician or therapist believes that access to those records would be emotionally damaging to you (for example, if your physician or therapist believes that medical terms used in records would be misinterpreted by a non-clinician). In this event, we recommend that you review your records with a mental health professional who can clarify any information you don't readily understand. We will furnish your records to a mental health professional of your choice.

Patients will be charged an appropriate fee for copies of records.

### **OFFICE HOURS**

Regular front desk hours are Monday through Thursday 8:00 a.m. to 6:00 p.m. and Friday 8:00 a.m. to 12:00 p.m. We answer our own phones Monday through Thursday from 8:00 a.m. to 12:00 p.m. and 2:00 p.m. to 4:30 p.m., and Friday 8:00 a.m. to 12:00 p.m. Phones are on automated answer outside of regular hours. You can record a message or page us if you have an emergency. If office hours change for holidays, we will post the changes in the office and include them in our after-hours recorded message.

## **CONTACTING US**

**ALWAYS REMEMBER:** If you have a potentially life-threatening emergency and need help NOW, CALL 911 or GO TO AN EMERGENCY ROOM IMMEDIATELY. You can contact MLBG once the situation is stabilized.

For situations which can be handled by telephone, you can call our office during hours listed above and speak to a staff member. Our physicians and therapists are usually with patients during business hours and may not be able to take your call immediately, so be prepared to give a detailed message to the staff member. He or she will consult with your physician or therapist and will call you back or have the physician or therapist call you back. *The details you provide are crucial to obtaining a prompt and accurate response from us.* Urgent matters are handled first. Nonspecific messages, such as those requesting a call back with no further details, are likely to be considered less urgent. Please do not communicate with our office by fax or email since we use this mode of communication for other outgoing data and do not check them regularly.

If you need to speak with a physician or therapist urgently after office hours, MLBG has both on call for emergencies. Call our regular office number (543-0161) and follow the recorded instructions for reaching our answering service. The service will page the professional you need. We do not use nurses, physician assistants or other paraprofessionals in our practice, so you will receive a call back from a psychiatrist or therapist.

## **PRESCRIPTION REFILLS**

Your attendance at appointments, face-to-face with your physician or therapist, is essential to successful treatment. We cannot treat you without seeing you. Therefore, we handle your medications, medication changes and refills at your regular office appointment during normal business hours. Your physician will write your prescriptions with refills adequate to last until your next scheduled appointment. If you cannot get to that appointment, call during office hours to reschedule it as soon as possible. You may then request a partial refill to use until your rescheduled appointment. Please give our staff member the patient's name, date of birth, medication name and the dosage taken, and allow 48 hours for your physician to review your records.

We do not refill prescriptions outside of appointments except as specified above. This policy helps to ensure that you get the best treatment possible.

## **APPOINTMENTS**

Your appointment time is scheduled only for you; there is no double booking at MLBG. If you cancel your appointment with at least 24 hours' notice, we can give that appointment to someone else, and you will not be charged a cancellation fee. If you cancel with less than 24 hours' notice, that appointment time is considered lost, and you will be charged a fee.

We use an automated phone call reminder system as a courtesy to patients.

If you arrive for your appointment and find that your clinician is running late, we apologize for the inconvenience. In many cases, the delay results from an emergency involving another patient or family, and your physician or therapist needs extra time to handle the situation. Should you have an emergency one day, we will do the same for you. If your wait will be more than a few minutes, we will inform you as promptly as possible and offer to reschedule your appointment. If you choose to wait, be assured you will receive the same careful attention during your appointment, even if we are late.

## **PAYMENT AND INSURANCE**

Payment for services is due at the time of your appointment, and your account must be settled after each visit. You can pay with cash, credit card or check. Because our practitioners are independent, they may or may not participate in insurance plans, and may change their participation if they choose. Our front desk staff can provide specific details about which professionals are in your network.

If you are *not using insurance*, or if you *are using insurance but haven't met the deductible*, your payment may be the entire cost. If you use insurance and your physician or therapist is *in network*, you will pay a fixed cost determined by your insurance company.

If you use insurance and your physician or therapist is *out of network*, your payment is the portion of the cost your insurance does not cover. Initially, MLBG will *estimate* your payment based on limited information from your insurance company. MLBG will determine the *exact* amount you should pay when we receive more detailed information from your insurance company, after it receives your first claim. A credit or debit to your account will be issued if the initial estimate was inaccurate.

Insurance is a contract between you and your insurance company and does not guarantee payment to MLBG. As a courtesy, our staff will help you obtain information about your insurance benefits and will submit your claims for you. However, MLBG will not become involved in disputes between you and your insurance company regarding deductibles, co-payments, covered charges, medication coverage, and the like. If you have questions about insurance and billing, please ask at the front desk.

If you are divorced, you and your former spouse must settle any conflicts you have concerning payment for treatment, treatment of a child, or other issues. Please reach an agreement before arriving for your appointment. MLBG will not become involved in former spouses' disputes about payment, treating a child, or other issues arising from a divorce.

## **AVOIDING UNPAID BALANCES**

We want this practice to be here to care for our patients for many years to come. One way we can do this is by minimizing expenses associated with billing and collecting so that we can focus on providing extraordinary health care. For this reason, we require that your account be settled after each visit. If adverse circumstances temporarily interfere with your ability to pay your entire balance, MLBG will take no action for 30 days. After 30 days, your account will be assessed an additional charge and will begin incurring interest charges. At this point, MLBG will request that you keep a credit card number on file at our office to prevent unpaid charges in the future.

Accounts with balances unpaid for 60 days are automatically sent to a collection agency. A fee not greater than 50% of the unpaid balance will be assessed to cover the cost of this service.

You will also be asked to keep a credit card on file at MLBG if you are the responsible person for a patient's account, but you will not be accompanying the patient to each appointment.

Please contact the billing office immediately if you have a question about your account balance.

**FEE DISCLOSURE FOR NON-COVERED COSTS**

Many services that our patients need are not covered by insurance. Letters and other paperwork, and consultations with lawyers and other professionals are just some of these services, which are of considerable value to our patients. This type of work, once an infrequent inconvenience, now requires a substantial amount of a physician or therapist's time outside of scheduled appointments. Since MLBG does not use nurses, physician assistants, or other "physician extenders", our professionals do this work themselves. Some spend as much as two additional hours in the office after a full day of appointments. To retain professionals who are this committed to their patients, MLBG must compensate them for these services. Therefore, the following charges will apply:

**Professional Services:**

Letters to employers, schools, lawyers, etc.	based on hourly rate per provider
Disability paperwork	based on hourly rate per provider
Comprehensive chart reviews	based on hourly rate per provider
Consultation with schools, lawyers, etc.	based on hourly rate per provider (phone, in person)
Prescriptions between appointments or lost	\$25.00 per chart pulled/reviewed (written, called, faxed)
Insurance-required prior authorizations for medication	\$25.00 per chart pulled/reviewed (written, called, faxed)
<i>Out-of-network</i> authorization, completed by the clinician	\$25.00 per form or phone call to obtain coverage by insurance for visits

**Office Services and Fees:**

Medical Records to non-providers	\$1.00 first 25 pages, then \$0.25/page (as per state law)
Cancelled appointments >24 hrs.	\$0
Missed appointments	\$50.00
Late cancelled appointments <24 hrs.	\$25.00
Returned checks	\$35.00 (\$25.00 automatic debit from acct. of origin)

Fees may apply for other services not listed and are subject to change.

**TERMINATING TREATMENT**

MLBG will deem treatment ineffective and advise a patient to seek treatment elsewhere when a patient's actions indicate that he or she has disengaged from treatment. Following are some examples of situations warranting termination of treatment: 1) the patient misses two or more appointments; 2) the patient ceases paying for treatment; 3) the patient is noncompliant with treatment recommendations; 4) the patient misuses or abuses prescribed medications; or 5) the patient behaves in an abusive, threatening or inappropriate manner toward MLBG professionals, staff, or other patients.

**ASSIGNMENT OF BENEFITS**

I authorize Marsh Landing Behavioral Group, Inc. to bill my insurance company directly for services rendered to me. I authorize my insurance company to send payment for services directly to Marsh Landing Behavioral Group, Inc.

**Initial only if you do not want to use insurance:**

_____	I <u>will not use</u> insurance to pay for services provided by Marsh Landing Behavioral Group, Inc. Therefore I am not disclosing any insurance information to Marsh Landing Behavioral Group, Inc. at this time. If I choose to use insurance at a later date, I will provide insurance information to MLBG.
initial	

**RELEASE OF RECORDS FOR BILLING PURPOSES**

I authorize Marsh Landing Behavioral Group to release to my insurance carrier(s), other third-party payers, or collection agents information needed to process my insurance claim or collect overdue balances. I have been informed that such information may include details of my mental health evaluation and treatment, alcohol and substance abuse diagnosis and treatment (if applicable), HIV status, or AIDS diagnosis (if applicable).

**ACKNOWLEDGEMENT**

I have received a copy of this document, I have read it, and I understand the policies described in it. I understand that I am entering into a binding agreement with MLBG. I authorize the assignment of benefits and the release/receipt of medical/mental health information as described herein.

\_\_\_\_\_  
Signature of Patient/Responsible Party (18 years or older)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness