

OFFICE POLICIES

We appreciate the opportunity to work with you and/or your family. The following information describes the procedural matters important to our patients. Please read this material. If you have any further questions, feel free to discuss them with me.

Confidentiality: All communication between the therapist and patient is held in the strictest confidence unless: 1) The patient authorizes the release of information with a signature; 2) The therapist is ordered by the court to release information; 3) Child or elder/abuse neglect is suspected; 4) We become concerned for the safety of the patient or others. In the latter two cases we are required by law to inform legal authorities and/or potential victims. Federal law also allows for the communication without written consent between two ongoing or past treatment providers in order to facilitate your further treatment. Specific signed releases are required for the content of psychotherapy notes in all cases except as required by law.

Insurance: Most health insurance plans provide for some outpatient mental health benefits. Please note that we are considered a “non-participating provider” with most insurance companies and will not be able to receive payment directly from those insurance companies that we do not participate with. In such cases we receive payment only from the patients themselves. If we are not a member of your insurance plan or network you may be reimbursed by your insurance company at a lower rate than for “in-network providers”.

Generally, you should be able to collect directly from your own insurer if you follow these steps: We will give you a written statement at each visit to show what service you received that day and what you paid. This statement can be submitted to the insurance companies for reimbursement directly to you. You simply need to fill out your own insurance form, attach the statement, and send these to your insurance company, asking them to pay you rather than our practice. If there is no place to specify paying you rather than the doctor on the form then write the following in red somewhere on your insurance form: “PAY SUBSCRIBER, NOT PROVIDER.”

Please determine what your insurance plan requires of us in order to process a claim. We will make every effort to meet the insurance plan’s requirements. We will fill out the insurance treatment plans for patients who attend treatment more often than every 3 months. This will allow patients to obtain “medical authorization” for insurance to reimburse them at out of network rates. If the patient comes less frequently than 3 months we will also fill out treatment plans but at the cost of \$45 per treatment plan. Be aware that these insurance companies often ask for fairly confidential information to “justify” treatment. It is your responsibility to learn what coverage is provided by your insurance plan and to submit insurance claims.

Capital Area Psychiatric Associates, P.L.L.C.
Child, Adolescent, and Adult Psychiatry

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Payment: All payments and copays are due in full at the end of each session. Accounts more than 30 days in arrears may be assessed a monthly finance charge of 2%.

Professional Fees:

Initial Evaluation/Single Consultation Evaluation, New Patient: \$280

Individual Session (45 minutes): \$180

Family Session (45 minutes): \$180

Medication Management (15- 25 minutes): \$80

Routine Follow-up with counseling (25 minutes): \$130

Court Appearance: \$600, plus billing at an hourly rate of \$200 for preparation, transit time, pre-trial meetings, and total time required during actual court appearance.

Cancellation Policy: When you agree to a scheduled time, that time frame will not be offered to another individual. Often this means that patients need to be turned away because an adequate alternative time could not be found. Cancelled and missed session cannot always be filled. For these reasons you are asked to assume responsibility for your scheduled time. Therefore, you will be expected to pay for your appointment even if you do not come; unless you cancel prior to 24 hours before the scheduled time. However, there will not be a charge for a genuine emergency, or if your time can be filled by another patient at the last minute.

Messages/Emergencies: You can leave messages by calling (919) 237-9081 throughout the week and weekend. We will make every effort to return calls promptly. Occasionally, however, there may be a delay. If it is an emergency, please follow the instructions on the voice mail to reach us directly. If for some reason you are not able to immediately contact us, in the case of an emergency, you should either call 911 or contact the emergency room of your local hospital.

Coverage: When your provider is away or unavailable, coverage will be arranged with another psychiatrist. If it necessary to visit that other psychiatrist while your provider is away his or her professional fees and policies apply to that visit. Our voice mail will state which doctor is covering.

As the patient or legal guardian of the patient please sign the line below indicating that you have read, understand, and agree to these policies/procedures:

_____ Date: _____