



PATIENT & PROVIDER RIGHTS AND OBLIGATIONS

Patient's Name _____ Date of Birth _____

Please Read Carefully and Sign where indicated

Services: Mental Health Solutions (MHS) offers psychological/psychiatric evaluation and treatment, including psychotherapy, medication management/evaluation, psychological/neuropsychological evaluation/testing, case management, and related services. In providing these services, the professionals at MHS exercise their learned judgment regarding the methods of treatment that best serve the interests of their patients. In return, MHS expects patients to make a good faith effort to fulfill their treatment recommendations and to make timely payment for services rendered.

Confidentiality: All progress notes and testing reports will become part of your clinical record. Information in your clinical record is confidential. Although our staff will have access to your record in order to provide you with necessary clinical and clerical services, we will not release its contents to anyone else unless you (or your guardian) have given us written permission to do so, or it is necessary for us to do so as the result of a medical emergency (such as imminent threat of harm to yourself or others). All procedures regarding patient records are based on current Health Insurance Portability and Accountability Act (HIPPA) regulations concerning the sharing of Protected Health Information (PHI) with insurance companies, managed care companies, healthcare professionals, and/or others.

Consent to Examination and Treatment: I hereby give my consent for the named individual to receive diagnostic evaluation and treatment performed by MHS. I understand that this consent authorizes any reasonable medical action taken for diagnostic and treatment purposes during the time the patient remains under the care of one or more mental health professionals at MHS.

Authorization to Disclose Information as Needed: I hereby authorize MHS to release my PHI to its transcription, billing, and answering service as necessary.

Authorization to Release Information to Insurance and/or Managed Care Companies/Assignment of Benefits/Guarantee of Payment

I hereby consent and agree as follows:

- Psychological and/or psychiatric services have been or will be provided to me and/or my dependent (patient whose name appears below).
- MHS (and duly appointed representatives such as office staff and billing agents) have my consent to contact and bill me and/or my estate, health insurance, or managed care plan; release all my medical/psychological information required to pre-certify and/or process claims; with benefits assigned to Mental Health Solutions
- If there is not sufficient health insurance coverage for the patient whose name appears below to satisfy MHS charges in full, then I/we acknowledge full responsibility for payment of any balance due as consideration for professional services.
- I have read the above in its entirety, fully understand my rights and obligations under it, and agree to be bound by it.

Signature of Patient/Guarantor

Date

Signature of additional Guarantor

Date

MENTAL HEALTH SOLUTIONS

FEES FOR OUTPATIENT SERVICES:

Licensed Non-Physician Therapist (PH.D.,PSY.D.,L.C.S.W.,L.C.P.C., C.A.D.C.):

Procedure	CPT Code	Session Length	Cost
Initial Diagnostic Evaluation	90791	50 minutes	\$200.00
Individual Therapy	90832	30 minutes	\$85.00
	90834	45 minutes	\$140.00
	90837	60 minutes	\$200.00
Group Therapy	90853	60-90 minutes	\$70.00
Couple/Family Therapy	90847	45 minutes	\$155.00
Psychological/Neuropsychological Testing	96101	---	\$150.00/hr.
Consultations*	90887	---	\$200.00/hr. + travel time
Missed Appointment	99999	---	(see policy below)

*Including telephone therapy consultations, attendance at school/placement staffings, etc.

Psychiatric Physician (M.D.):

Procedure	CPT Code	Session Length	Cost
Psychiatric Evaluation, Initial Visit (Age 17 through Adult)	90792	45 minutes	\$250.00
Psychiatric Evaluation, Initial Visit (Child through Age 16)	90792	45 minutes	\$300.00
Individual Therapy with no medication management	90847	45 minutes	\$250.00
Forensic Examination	90899	---	\$350.00/hr
Medication Management Level 1	99211	5 minutes	\$35.00
Level 2	99212	10 minutes	\$70.00
Level 3	99213	15 minutes	\$110.00
Level 4	99214	25 minutes	\$150.00
Level 5	99215	40 minutes	\$220.00
Individual Therapy added to Medication Management	90833	30 minutes	\$120.00
	90836	45 minutes	\$185.00
	90838	60 minutes	\$270.00

CANCELLATION & MISSED APPOINTMENTS: MHS maintains a 24-hour voicemail and answering service at (847) 566-0164. All appointments that cannot be kept must be cancelled at least 24 hours in advance. Failure to cancel may result in you being billed a \$100 fee for the missed session. To cancel an appointment, call and leave a voice message for your therapist.

PAYMENT: Unless arranged in advance, payment is due at the time services are rendered. All payments/co-payments/co-insurance fees are collected at the time of service.

RETURNED CHECKS: Each time a check fails to clear (e.g., insufficient funds, account closed), you will be charged an additional fee of \$25.00 plus all associated bank fees.

LATE PAYMENT CHARGES: We reserve the right to assess a \$10.00 per month late charge against any outstanding balance not paid within 30 days of the time fees are incurred. If your bill is not paid within 90 days from the time fees are incurred, you will be liable for any expenses MHS incurs in collecting the bill, such as collections costs, attorney fees and court costs.

QUESTIONS: All questions regarding fees and co-payments should be directed to our billing professional, Michelle, at MedOptions, Inc. (847) 458-1253.

I have read and agree to all billing processes described herein

Patient/Guarantor

Date