

# The Center

## **For Emotional Care**

400 East Burwell Street  
Salem, VA 24153  
Phone: 540-387-3105 – Fax: 540-387-3653

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## **Policies and Procedures**

Last Updated on January 9, 2015

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The staff and providers at The Center for Emotional Care would like to welcome you to our office. In an effort to make your office visits as easy as possible, we have prepared this packet explaining our office policies and insurance billing procedures.

We are aware that the number of procedures may feel overwhelming. We encourage you to look over the policies and discuss them with our office staff at any time. We want you to have an understanding of your responsibilities, as well as ours.

We are always open to suggestions on how we can improve the quality of our patient's experience. We are dedicated to caring for you in a kind, respectful and professional manner. If you ever feel that your personal experience at The Center is less than you expect, please let us know.

We will do our best to keep you aware of any changes to our policies or procedures. However, due to our efforts to remain current with all applicable laws and regulations, not all changes can be included in this booklet at all times. You are responsible for being aware of any changes to our policies or procedures.

Please take adequate time to fill out the intake forms that have been provided to you. We believe it will help your doctor or therapist provide more appropriate treatment for you or your loved one.

Thank you for your confidence and for allowing us the opportunity to serve you and/or your family.

Sincerely,

Management and Staff at The Center for Emotional Care

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You will find the following subjects addressed in this packet. If you have a question or concern that this information does not answer, please feel free to ask any member of the staff for clarification.

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## General Information

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**Mailing Address:** 400 East Burwell Street  
Salem, VA 24153

**Telephone Number:** 540-387-3105

**Fax Number:** 540-387-3653

## Hours of Operation

Therapists and doctors are available for appointments Monday through Friday from 8:00 a.m. to 5:00 p.m. Appointments may be made by calling (540) 387-3105.

## Telephone Availability

Our office staff answers telephone calls from 8:30 a.m. until 4:30 p.m. Monday through Friday, excluding holidays. At any other time, telephone calls are automatically forwarded to our automated answering system. If you call after hours please leave a message that includes your name and all pertinent information. The staff will respond to your message as soon as possible the following business day. In the event of inclement weather please call our phone line for updated hours of operation.

## Who to Call for an Emergency

An emergency is an extremely critical and/or life threatening situation that requires immediate professional attention. **If you should have an emergency do not call The Center. Instead, we ask that you contact Respond at 540-776-1100 or Connect at 540-981-8181.** Doing so will put you in contact with highly trained professionals who can properly evaluate your situation and provide direction.

## Organization Information

The Center for Emotional Care is owned by [Dr. Mukesh Patel](#) and [Dr. Himanshu Patel](#) who also provide psychiatric services. Physician Assistants are employed by The Center and provide psychiatric services under the supervision of Dr. Mukesh Patel and Dr. Himanshu Patel.

Regardless of the business arrangement, all providers at The Center work closely with each other to ensure that you receive the best and most appropriate level of care.

## Protection of Medical Information (HIPAA)

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*HIPAA is the Health Insurance Portability and Accountability Act. This federal law requires that we inform patients of the control they have over their medical information and how their information is used and the reasons it can be disclosed to other parties.*

## Patient Rights to Access Medical Information

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### As a patient, you have a right to:

- Copy and review your individual medical records
- Request amendments to your medical records
- Receive an accounting of individuals who have accessed your medical records
- Restrict access to your records, beyond those placed by office policy

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- Request specific ways for The Center to communicate with you
- Records will be archived for patients who do not have an appointment during a prior six month period. Records and patient status reactivation may be requested at any time.

*When using and disclosing Protected Health Information (PHI) or when requesting PHI from another covered entity, we will make reasonable efforts to limit PHI disclosure to the minimum necessary required to accomplish the intended purpose of the use, disclosure or request.*

## **Release of Medical Records**

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*As a covered entity, it is within our legal right to use and disclose protected health information without expressed authorization for the following purposes:*

- Oversight of the health care system - Quality Assurance
- Research with Institutional Review Board approval or to prepare a research protocol
- Public health, and in cases of emergency
- Judicial and administrative proceedings
- Professional judgment - when in the best interest of the patient
- To provide information to next-of-kin, if a patient cannot speak for themselves
- For identification of the body of a deceased person
- For facilities (Hospitals, etc.) directories
- Business Associates
- In other situations where the use of disclosure is mandated by law and consistent with the requirements of the law.

*However, we **cannot** release your medical records for use without your expressed permission in the following situations:*

- Protected Health Information beyond treatment, payment and operations functions
- Information covered by a restriction
- Research that includes treatment
- Marketing other than face-to-face communication, health related products and services of the provider

**If you would like to have your medical records released to yourself or another party, you must first complete an authorization form. This form details the specific types of information you would like released and to whom you would like the records delivered.**

*If you feel that there has been a violation of this policy please contact Dr. Mukesh Patel.*

## **Copying Fees for Medical Records**

Our office receives a significant number of requests for the release of medical records. We attempt to honor your request as quickly as possible, however circumstances often cause delays. We make every effort to respond to requests within 15 days.

There is no fee associated with forwarding your most recent medical records to a physician or other health care professionals for the purpose of treatment. We do however, charge for copying and sending a complete medical record to another physician or other health care professional. We also charge for copying and sending medical records to anyone for non-treatment reasons (i.e. to determine eligibility for disability benefits, for an insurance policy, or legal issues). This list would include private companies, lawyers, yourself, or other agencies.

The charge for copying and mailing records is as follows:

Handling and processing fee.....	\$10.00 per request
Photocopying (pages 1-50).....	\$ .50 per page
(pages over 50).....	\$ .25 per page
Postage.....	As applicable

This charge is billed to the organization/individual requesting the records as outlined in your authorization and is due in advance of the records being released. However, you will be ultimately responsible for any unpaid fees should that party not make payment.

## **Professional Consultations**

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Participation in staff conferences and consultation with colleagues is a sound clinical practice carried out by mental health professionals on a regular basis. The purpose of these consultations is to provide a higher quality of service. Names and identifying information about clients are **not** provided to the consultant in order to better preserve confidentiality. If you would like to know the names of persons consulted with regarding your treatment, please let your therapist/doctor know and he/she will be happy to provide you with that information.

## **Permission to Treat a Minor Child**

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Please note that we require written permission before we can treat a minor child (any patient under the age of 18).

- When parents are married, the signature of one parent is sufficient to provide treatment.
- If the patient's parents are divorced, we require the signature of the parent having legal custody of the child.
- If the parents have joint legal custody, we require the signature of both parents. In these circumstances, we request documentation of the custody order.
- If parents are separated, we also require the signature of both parents to provide treatment.

Phone authorizations are **not** an acceptable form of authorization. Parents must sign the "permission to treat consent form" in person or have it notarized with seal and signature if signed off premises.

*We cannot provide any level of treatment to any child unless the proper signed consent form(s) is on file. The office staff is directed to reschedule your appointment if the form(s) is not completed.*

## **Billing and Insurance**

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*Our fees vary greatly depending on the type of service provided and the licensure of the clinician or doctor providing the service. In an effort to lower the risks of a misunderstanding regarding fees and payments, please read the following very carefully. If you have any questions, feel free to ask our staff.*

It is our policy for all clients to maintain an outstanding balance of less than \$50.00 (excluding any amounts submitted to insurance for payment). Copayments and deductibles are due at the time of service. Coinsurance amounts are due once they are billed to you. **All patients are expected to pay their copay when they arrive for their visit. There will be no exceptions without the provider's approval and the patient's agreement to pay the balance owed at the time of their next visit. Repeated failure to pay your outstanding balance will result in the suspension of treatment and additional collection efforts may be taken.**

## **Insurance Coverage**

**You must provide a current copy of your insurance card (front and back) before we can determine your benefits and insurance filing requirements.**

We make every effort to verify your insurance benefits for outpatient mental health and substance abuse services in advance of your first appointment. However, we request that you contact your insurance company to check benefits and preauthorization requirements when you schedule your first appointment. Some companies require preauthorization or a PCP referral. Your failure to follow this procedure could result in not obtaining your maximum benefits or any benefits at all.

**Please be aware that:**

- If you choose to use your insurance benefits, your insurance company or the company which manages your mental health and/or substance abuse benefits, may require specific information regarding your case to determine the benefits available to you. We require specific written permission to release information to your managed care company.
- This office will make every effort to file claims correctly and adhere to the filing requirements for your insurance policy. However, we cannot fully guarantee your coverage or your benefits. In the event that your insurance company does not pay for services rendered, **you are ultimately responsible for payment.**
- Insurance policies are contractual agreements between you, the subscriber, and your insurance company. Our office cannot alter your insurance policy, guarantee what services are covered or determine exactly what your reimbursement will be. Insurance companies sometimes exclude certain diagnostic codes or treatment modalities; therefore, it is impossible to guarantee coverage until a claim is filed and a response is received from your insurance carrier.
- The Center will only bill to insurance carriers if your insurance information (and a copy of your insurance card) are provided in advance of services being provided. If a balance is transferred to you because we do not have the information necessary to bill your insurance carrier, you will be responsible for that balance due. We will not be able to back-bill your insurance, even if your insurance information is provided at a later date.
- You are ultimately responsible for all charges incurred at The Center. We do not routinely research why an insurance carrier has not paid or why it paid less than anticipated for care. If an insurance carrier has not paid within 60 days of billing, all fees will be due and payable in full by you. Should your insurance company deny benefits for any reason, you will be financially liable for the total balance due. Failure to pay for services will result in the suspension of treatment and further collection efforts may be taken.

Our staff has a great deal of experience in insurance billing and can offer a reasonable estimation of how your insurance company will handle your mental health and/or substance abuse benefits. Feel free to ask if you have any questions or concerns.

### **Non-participating Insurance Companies and Secondary Insurance Coverage**

We gladly bill to most major primary insurance carriers. However, you may have insurance coverage with a company that we do not bill to. In that case, you will be responsible for paying the total amount due on the date of service. This does not automatically mean that your insurance will not cover the services provided. After your appointment, we will gladly offer you a receipt so you can personally file for reimbursement from your insurance company.

Likewise, we are also unable to bill secondary (or tertiary) insurance for balances due, with the exception of patients who have Medicare as their primary insurance coverage. In that instance, Medicare can automatically forward your claim to your secondary insurance company. In all other cases, you will be responsible for paying the total amount due after your primary insurance company has made payment, including any outstanding coinsurance or deductibles. We will gladly offer you a receipt so you can personally file for reimbursement from your secondary insurance company.

### **Patients without Insurance Coverage**

We are happy to provide services to patients who do not have medical insurance coverage. Lack of coverage will in no way limit the availability or quality of services provided to you. However, you must pay today's fee plus any outstanding balance in full at the time of service. If you are unable to pay the balance in full at the time of service your appointment will be rescheduled and you may be charged a rescheduling fee. Repeated inability to pay for services will result in the suspension of treatment and further collection efforts may be taken.

### **Payment of Outstanding Balances**

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You are responsible for copayments or other charges at the time of service. However, coinsurance amounts will often not be reflected on your statement until the following billing cycle. Each month we mail billing statements for each account with balances due. You are responsible for paying the total amount due upon receipt of the statement.

- If we do not receive payment in full for balances due within 30 days of billing, we will begin collection procedures.
- Outstanding balances exceeding 60 days past due may result in the suspension of services.
- Seriously delinquent accounts will be referred to a professional collection agency or the Internal Revenue Service for collection. **In the event that your account is forwarded to an external collection agency, any collection fees will be added to your total amount due.**

## **Returned Checks/Denied Payments**

If you pay for any service provided with a check or credit/debit card and that transaction is returned to us from our bank as non-payable there will be a charge of \$25. Checks will no longer be accepted and you will be required to pay all outstanding balances on a cash only basis.

## **Appointments, Fees, & Cancellations**

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### **Appointments**

A Psychiatrist/Physician Assistant will generally meet with you for 45 – 60 minutes on your first visit to The Center. Subsequent meetings with a Psychiatrist are generally 10 – 30 minutes in length, depending on individual circumstances. A Therapist will generally meet with you for 45 – 60 minutes each session. Longer sessions are also available for couples or group therapy or for more intensive individual work; these range from 90 minutes to 2 hours in length.

In order to provide the best level of care, providers at The Center only book one patient per time slot. Please make every attempt to arrive early for your scheduled appointment. A late arrival may shorten the time available for your session, or result in your appointment being rescheduled. In such cases, your provider may choose to charge you a rescheduling fee.

### **Courtesy Reminder Calls**

It is occasionally easy to forget a scheduled appointment. As a courtesy, the staff will attempt to give you a reminder call in advance of your scheduled appointment. However, please do not rely on this service for keeping up with your scheduled appointments. This is only a courtesy, and does not relieve you of your responsibility in regards to your appointment.

### **Cancellations and Missed Appointments**

Since we reserve an appointment time for you, we require that you give a minimum of 24 hours notice (one business day) when canceling an appointment. **You will be charged \$50.00 if you miss an appointment or cancel less than 24 hours (one business day) in advance.** If you experience a family emergency, illness, or severe weather, we still request that you call us before the appointment to avoid being charged.

Three missed or late cancelled appointments in a 12 months period may result in termination of treatment.

### **Prescription Refills**

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It is your responsibility to make sure you have enough medication to last until your next appointment. In the event that you will run out prior to your appointment, we require a minimum of five business days to allow the staff sufficient time to have your refill requests completed by your

doctor. However, in certain circumstances, we understand that this may not be possible. We will gladly process additional prescription requests for a nominal fee.

- Lost Prescription Replacement..... \$10.00
- Prescription Refill (same day)..... \$15.00
- Prescription Refill (within five days)..... \$5.00

**You must have a future appointment scheduled with your provider in order to request a medication refill. Otherwise, your request will be denied until an appointment is made. Also, if you have a history of cancelling appointments after receiving your medication refill or have not returned to see the doctor within the recommended timeframe, the doctor may only authorize enough medication to last you until your appointment. If your case has been terminated or your account has been sent to collections, your doctor may be unable to refill your medication.**

Please call your pharmacy to request a refill of your medication. They will be able to provide The Center with the information necessary to refill your prescription as efficiently as possible. Please be aware that all prescriptions are provided at your doctor's discretion. In the event that your doctor is out of the office, completion of your refill may be delayed.

Please do not set up "Auto Refill" for any medications prescribed to you by The Center for Emotional Care

After you have established a relationship with The Center for Emotional Care, for a timeframe determined by your provider, you may be eligible to have some non-controlled prescriptions written for 90 days.

## **Requests for Letters**

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In most instances, your doctor or therapist will gladly write a letter on your behalf. However, please be aware that there is a charge for letters written by therapists or doctors at the request of a patient. The charge will vary and is based on the clinical and clerical time required to complete the letter. Insurance benefits will not cover this charge; therefore, you will be fully responsible for this cost. Payment must be received before a letter can be delivered.

Please allow 5 to 7 business days for processing.

## **Requests for Forms**

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In most instances, your doctor or therapist will gladly complete health or treatment related forms on your behalf. However, please be aware that there is a charge of \$15.00 for forms to be completed by therapists or doctors at the request of a patient. In the event that the form is particularly lengthy or complex, your provider may request that you schedule an appointment and complete the form as part of your session. Insurance benefits will not cover this charge; therefore, you will be fully responsible for this cost. Payment must be received before a completed form can be delivered.

Please allow 5 to 7 business days for processing

## **Telephone Consultations**

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There is usually no charge for a very brief phone consultation with your provider. If you require a more lengthy discussion, a receptionist will be glad to schedule some time for you to talk with your therapist by phone. There will be a charge for these calls. Please ask your provider to explain their rate for telephone conversations. Insurance companies do not cover phone consultations; therefore, no claims can be filed for phone expenses. You will be responsible for any charges incurred from a telephone consultation.

## **Court Appearances and Depositions**

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Providers are occasionally needed to testify in court or provide a deposition as an expert witness for a client regarding a legal matter. In the past few years we have also seen an increase in requests for testimony in custody cases. If you think you may be involved in a legal dispute or may require your provider's testimony, please inform your provider as quickly as possible. If a judge or another party subpoenas your provider or your medical records, we are legally required to comply. The party requesting the records or testimony will be charged any applicable fees, but the client is ultimately responsible for paying any charges for professional time spent with legal issues.

**The following are the fees for a clinician (other than a medical doctor/physician assistant) to testify as an expert witness for a client or to give a deposition:**

- \$150.00 per hour (time calculated from the moment the clinician leaves office until they return)
- .55 per mile plus parking fees

**The following are the fees for a medical doctor/physician assistant to testify as an expert witness or to give a deposition:**

- \$300.00 per hour (time calculated from the moment provider leaves office until they return)
- .55 per mile plus parking fees

Because of the nature of court appearances and depositions, we require a minimum deposit of \$500.00 from the responsible party. The responsible party will be billed for any remaining fees the day after the court appearance or deposition is completed. Final payment is due upon receipt of the bill.

## **Damages to Facility**

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We strive to provide a professional and comfortable environment for our patients. With this in mind, it is our policy to hold our clients or their parents financially responsible for any damages imposed upon our building or its contents. Clients or parents will be billed in full for any cost of repairing or replacing anything damaged.

## **Emergencies at the Facility**

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In case of a medical emergency at our facility, our office staff will contact the nearest and most appropriate medical facility to provide care.

## **Archive Records**

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**\*THE CENTER FOR EMOTIONAL CARE WILL ARCHIVE RECORDS FOR PATIENTS NOT SEEN DURING THE PRECEDING SIX MONTH PERIOD AND CAN BE REACTIVATED UPON REQUEST. \***