

NEW CLIENT INFORMATION FORM

NAME: _____

PARENT/LEGAL GUARDIAN (if under 18): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DOB: _____ Age: _____ Gender: _____

Marital Status:

Single Domestic Partnership Married Separated Divorced Widowed

HOME PHONE: _____ May we leave a message: YES NO

CELL/WORK: _____ May we leave a message: YES NO

EMAIL: _____ May we send emails: YES NO

*Please note: Email correspondence is not considered to be a confidential medium of communication.

Preferred Reminder: Email Text Message Cell phone Home/Work Phone

Referred By (if any): _____

INSURANCE INFORMATION

COMPANY: _____ ID# OF CLIENT: _____

INSURANCE CO PHONE NUMBER: _____ COPAY: _____

SECONDARY INSURANCE: _____ ID# OF CLIENT: _____

INSURANCE CO PHONE NUMBER: _____ COPAY: _____

ASSIGNMENT OF BENEFITS

CONSENT TO TREAT

Client's Name: _____

Date of Birth: _____

FINANCIAL RESPONSIBILITY:

I understand that insurance billing is a service provided as a courtesy and that I am at all times financially responsible to Acadia Counseling and Wellness, LLC, for any charges not covered by health care benefits. It is my responsibility to notify Acadia Counseling and Wellness, LLC, of any changes in my health care coverage. In some cases, exact insurance benefits cannot be determined until the insurance company receives the claim. I am responsible for the entire bill or balance of the bill as determined by Acadia Counseling and Wellness, LLC, and/or my insurer if the submitted claims or any part of them are denied for payment. I understand that by signing this form that I am accepting financial responsibility as explained above for all payment of services and/or treatment provided.

ASSIGNMENT OF BENEFITS:

I authorize direct remittance of payment of all insurance benefits, including Medicaid and Medicare, to Acadia Counseling and Wellness, LLC, for all covered services provided to me during all courses of treatment and care provided. I understand and agree this Assignment of Benefits will have continuing effect for so long as I am being treated by Acadia Counseling and Wellness, LLC, and will constitute a continuing authorization of any insurance policy that is in effect at the time of service, maintained on file with Acadia Counseling and Wellness, LLC, which will authorize and allow for direct payment to Acadia Counseling and Wellness, LLC, of all applicable and eligible insurance benefits for all subsequent and continuing treatment, services, and care provided.

SIGNATURE: _____

DATE: _____

INFORMED CONSENT

I authorize Acadia Counseling and Wellness, LLC, to release information from the medical records of the above-mentioned client for the purpose of accessing insurance benefits. This information may include diagnoses and dates and types of treatment received. Additional information may be requested before claim payment is made and may include, but not limited to, items such as the intake report, treatment plan, progress notes, and discharge report. I have read and understand the policies and procedures included in the Welcome Packet from Acadia Counseling and Wellness, LLC, and I accept the conditions for receiving services from this practice. I have received the Acadia Counseling and Wellness, LLC, Notice of Privacy Practices and understand that a copy will be available upon request during normal business hours.

SIGNATURE: _____

DATE: _____

____ By initialing here you indicate that you have reviewed our policies on confidentiality and agree to the conditions listed in the Welcome Packet

_____ By initialing here you indicate that you have reviewed our policies on fees, billing, and collections and agree to the conditions listed in the Welcome Packet.

FINANCIAL POLICY

Outpatient behavioral health coverage is not always as straightforward as other medical specialties. Acadia Counseling and Wellness, LLC, wants to help you understand your insurance information as easily as possible. We acknowledge how difficult some policies may be to understand, hopefully this document will help to assist understand the information better.

Please remember, that although Acadia Counseling and Wellness, LLC, will call your insurance to obtain your insurance benefits, that this is not a guarantee of payment but rather a quote. Payment from the insurance company is determined once an insurance claim from our office is submitted. We will assist you and notify you of the information that is quoted to us, but it is also your responsibility to know your insurance coverage and any questions in regards to your policy should be directed to your insurance carrier.

Acadia Counseling and Wellness, LLC, does expect payment to be made when services are rendered. We accept cash, all major credit cards, HAS, money orders and checks. Unfortunately, we are unable to accept post dated checks. If a check is returned due to insufficient funds, Acadia Counseling and Wellness, LLC, will charge your account a \$35 Returned Check Fee and then we will no longer be able to accept checks from your for your payment. All future payments must be cash, credit card, or money order.

INSURANCE COVERAGE, BENEFITS, AND CLAIMS

There are times when insurance benefits may seem contradictory. For example, group therapy may be covered, but marriage counseling is not. There will be certain times that a particular diagnosis is not covered, but treatment for that diagnosis will be covered. There may be times when a referral from another physician is required or a particular procedural codes requires an authorization. We may also run into instances where your medical insurance is under one insurance company but your behavioral coverage is under another. We realize how frustrating and confusing insurance can be at times so we are hope that providing the following information can make your billing experience as personal as your care.

Once becoming a client with Acadia Counseling and Wellness, LLC, we will contact your insurance company to determine your insurance benefits. We will ask them a series of questions that pertain to behavioral health. We will provide a copy of this information to you at your first visit. If you have questions, you can contact a member of our financial team and they can better assist you. If your questions pertain to your coverage, you will need to contact your insurance company. However, if you need assistance contacting your insurance carrier, we will be more than happy to help you.

Unfortunately, verifying your benefits does not always guarantee that your insurance will cover certain services. Insurance companies always explain that any verification of covered services is not a guarantee of payment. Payment and coverage are determined by a number of factors once a claim is received. Once the insurance company has received the claim, they will determine payment based on the following information:

- If you have met either your in-network or out-of-network benefits – which consists of deductible, copays, or co-insurance
- If there are any exclusions or pre-existing conditions that may apply
- If the service is covered by your plan
- If the reason for the services is not covered – which would be your provider’s treatment and diagnosis

The billing code that we submit to your insurance company will be for the actual service provided. Unfortunately, we are unable to change that service code in an attempt to receive payment from the insurance company, therefore; any service not covered by your insurance will be your responsibility.

Acadia Counseling and Wellness, LLC, is currently contracted with the following companies:

- Beacon Health Options
- CareFirst
- Cigna
- Magellan

Although your insurance company may be listed above, there are times when your behavioral health coverage is under a different insurer. If this occurs, then your coverage will be out-of-network. Out-of-network means that Acadia Counseling and Wellness, LLC, does not have a contract with that company and you may be responsible for a higher deductible, co-pay, or coinsurance. With your understanding that you may have a higher out-of-pocket expense with using your out-of-network benefits, then we will bill your insurance company as a courtesy.

For patients with Delaware Medicaid, it is important to know that traditional Medicaid does not cover outpatient mental health services for anyone under the age of 18. We use every effort to verify this information monthly, but here may be instances when this information will change. If this situation occurs, and your Managed Care (AmeriCaritas or Health Options) does not pay, the total amount of the service will be your responsibility.

There could be times when an insurance may not pay for a claim. If this is to happen, then a member of the financial team will review the claim and contact the insurance company. If the claim was not paid due to an error on our part, we will correct the claim and resubmit it to the insurance company. If the claim was not paid due to an error on the insurance company, then we will have the insurance company send the claim back to be reprocessed. However, if there is no error, then you will be responsible for any portion not paid by your carrier.

At times, insurance companies may audit claims that they have paid. They have up to two years from the date of service, the payment of the claim, the receipt date of the claim, or the receipt of the appeal. This process is known as the “look back period” and is common among all of the insurance companies. If the insurance company determines that they have paid for a claim in error, then they will reverse their payment. This means that the insurance company will contact Acadia Counseling and Wellness, LLC. To issue them a refund. If that is to happen, then we will contact you for payment for that service.

SETTLING OF BALANCES

There may be times where the insurance company processed a claim in an unexpected manner. Here are a few examples:

-I understand a claim may be processed differently than what was expected, therefore; leaving a higher out-of-pocket expense.

-I understand there are times when a claim is not paid at all from the insurance company, therefore; leaving me completely responsible for the full balance.

-I understand that insurance benefit verification is not a guarantee of coverage or payment and if my insurance company denies the claim based on the service type, treatment, or diagnosis, then I will be fully responsible for the payment.

INSURANCE COVERAGE, BENEFITS, AND CLAIMS

If an appointment is canceled within 24 hours, there is no charge. However, if you missed your appointment or you cancel your appointment on the same day, then Acadia Counseling and Wellness will apply a \$40.00 fee to your account. This fee must be paid before you schedule another appointment. If you have a credit card on file, then we will process this payment to your credit card. It is important to remember that insurance companies do not pay for missed or late canceled appointments.

If you have a balance with our office that is 90 days or greater, then we will send your account to a collection agency. By doing so, we will have to add a 38% collection fee to your account. Once the account is turned over to the collection agency, the balance must be paid in full before you are able to return as a client. We want to be able to work with you on your balance, so if you feel that you are unable to pay the full balance when due, please contact us to avoid having the account sent to collections.

PROFESSIONAL FEES

Court Fees – Please be advised that if you anticipate a court case or are currently involved in a case and will require your provider's participation there will be a minimum fee of \$200.00 per hour. There is a two (2) hour minimum, so even if your provider is present for 15 minutes, the fee will be \$400.00. Acadia Counseling and Wellness also requires a 50% deposit prior to the court date.

Letters or Paperwork – Acadia Counseling and Wellness understands that there may be instances when your treatment may require your provider to write a letter or complete paperwork. If this should arise, there will be a fee that will be applied to the account. This fee is not billed to your insurance company, therefore; making the balance your responsibility. There is a minimum fee of \$35 for a typed letter and \$10 per page for any paperwork that needs to be completed. These fees will need to be paid in full before you are able to receive the information.

Medical Records – As a courtesy, Acadia Counseling and Wellness will fax or email any authorized medical records to another provider, physician, or agency as a courtesy for your continuity of treatment.

Fee Schedule-

90791- Diagnostic Evaluation - \$170.00

90837- Psychotherapy, 60 minutes - \$150.00

90834- Psychotherapy, 45 minutes - \$100.00

90832- Psychotherapy, 30 minutes - \$70.00

90846- Family/Couples (Patient Not Present) - \$150.00

90847- Family/Couples (Patient Present) - \$150.00

90853- Group Therapy - \$50.00

I fully acknowledge Acadia Counseling and Wellness, LLC,'s Financial Policy outlined above. I understand that I am responsible for any balance not covered or unpaid by my insurance company.

Client's name: _____

Client's signature: _____

(IF A MINOR)

Parent's/guardian's name: _____

Parent's/guardian's signature: _____

Date: _____

Patient Acknowledgement

Receipt of Privacy Practice

I, _____, hereby acknowledge that I have received and reviewed a copy of this office's Privacy Practice Notice explaining:

- How this office will use and disclose my protected health information.
- My privacy rights with regard to my protected health information
- The office's obligations concerning the use and disclosure of my protected health information.

I understand that the Notice of Privacy Practice may be revised periodically and I am entitled to receive a revised copy of the Notice of Privacy Practice upon request.

I also acknowledge that if I have any questions or complaints that I may contact:

Acadia Counseling and Wellness

9954 North Main St Suite 1

Berlin, MD 21811

410-973-2567

You may also contact the Secretary of the U.S. Department of Health and Human Service with any concerns regarding our privacy and security policies and procedures. Please contact our office for information on how to contact the Department of Health and Human Services.

Signature: _____ Date: _____

Client Rights & Responsibilities

Acadia Counseling and Wellness LLC, shall provide to all clients certain rights which apply without regard to race, color, religion, gender, sexual orientation, national origin or disability. These rights cover conditions, benefits and privileges on an equal opportunity basis. This document summarizes specific rights you have as a client, as provided by Federal and Maryland state statutes and rules, as well as specific responsibilities that you bear.

Your Rights:

1. You have the right to be treated with respect and dignity, in recognition of your individuality and preferences.
2. You have the right to quality care and treatment that is fair and free from discrimination.
3. Relatives or a legal representative may act on your behalf to exercise these rights when you are unable to do so yourself, with proper identification and power of attorney.
4. You have the right to:
 - a. Privacy in treatment and personal care needs.
 - b. Be free from the intentional infliction of physical, mental, or emotional harm when not medically indicated, exploitation, restraints, and sexual abuse/assault. You will be free of neglect, coercion, manipulation, and seclusion.
 - c. Consent to treatment before the treatment is initiated and you have the right to refuse or to withdraw your consent for treatment(s).
 - d. Except in an emergency, receive information about Health Care Directives and participate in decisions concerning program participation.
 - e. Be provided information about submitting a grievance or concern. You will not be retaliated against for submitting a complaint.
 - f. Information about proposed treatments/procedures, alternatives, risks, and possible complications.
 - g. Upon written request, a copy of your medical records within 20 business days of request.

Your Responsibilities:

1. You are responsible for providing a complete and accurate medical history, and for providing information about unexpected complications that may arise. You are also responsible for making it known whether or not you clearly comprehend a contemplated course of action and the things that you are expected to do.
2. Acadia Counseling and Wellness LLC, is located in a tobacco-free building. You must agree and understand that the use of tobacco products is prohibited in any area surrounding this building. We may refuse to serve a client who refuses to comply with this policy, as it is endangering the health of other clients and staff members.
3. You have the responsibility of providing accurate information necessary for the facility to process bills and the obligation to arrange for the payment of those bills.
4. You have the responsibility to be considerate to all facility personnel and to other clients by:
 - a. Treating our staff and other clients with respect and refraining from disruptive or abusive behavior.
 - b. Arriving on time for your appointment.
 - c. Canceling or modifying appointment times with staff with at least 24 hours' notice.
 - d. Parking in designated areas of the Acadia Counseling and Wellness LLC, building.
 - e. Assuring that your accompanying visitor(s) be considerate of other clients and facility personnel. This includes ensuring privacy during treatments, both visually and verbally as well as refraining from any type of electronic recording.
 - f. Reminding visitors to observe smoking regulations.
 - g. Being respectful of religious, cultural and medical differences of other client/clients.
5. You have the responsibility to bring concerns and / or grievances to the attention of the Administrator or to the Department of Health Services.
6. You are responsible for your own valuables and you are strongly encouraged to leave valuables home.
7. You are responsible for using facility services, supplies and equipment appropriately and economically in order to assure the availability to our other clients. You will be held financially responsible for any deliberate damage to facility equipment or property. We reserve the right to refuse service to anyone, including when clients fail to comply with Acadia Counseling and Wellness, LLC, policies or to uphold the responsibilities noted above.
8. Appointments are scheduled based on client need and schedule. The time of your appointment is reserved for you. You are expected to give 24 hours' notice with a staff member or on an answering machine if you will not be keeping your appointment, or it will be required to pay an unkept appointment fee of \$40.00.
9. Office Courtesy: Please do not use your cell phone while in our office. Your cell phone should be turned off prior to entering our office. This policy is meant to protect your confidentiality as well as the confidentiality of those around you.

24 HOUR CANCELLATION POLICY

Reason for this policy:

To be effective, counseling and psychotherapy need to take place on a regular basis. The best results occur when appointments are consistently scheduled and attended regularly. Additionally, an appointment time reserved for you means that it cannot be used for someone else. It is reserved for you and/or your family.

If the policy holder and/or patient do not notify your Therapist/Psychologist by phone of your intention to cancel or reschedule 24hrs in advance, you will be charged a fee of \$50.00.

Canceling or re-scheduling within 24 hrs allows the therapist an opportunity to schedule someone else for that time slot. This is important because others may be on a waiting list for or preferred your time slot.

If you reschedule to a later time of the day or week of your scheduled appointment and if there is an opening, the cancellation fee will be waived.

- 1) You will never be charged for a cancellation that is made more than 24 hours in advance of your scheduled appointment time.
- 2) This cancellation policy is standard in the mental health field.
- 3) If you simply do not show up for a scheduled appointment, you will be charged for the missed appointment.
- 4) This fee is not billable to your insurance company and is your out-of-pocket responsibility.
- 5) Arriving late without notification: Your therapist will wait for you for 15 minutes after which they will assume you are not coming and may leave the office. In such a case, you will be charged for a missed appointment.
- 6) On occasion, there will be understandable reasons for missing appointments, but, exceptions to this policy will be rare. In the event of illness or work emergency, a phone session is an option. There is no charge for missed appointments due to snow conditions or declared states of emergencies.

If you have questions about this cancellation policy, you should discuss this with your therapist at the start of therapy. Please sign below to indicate you have read, understand, and agree to abide by our cancellation policy. Thank you.

Signature: _____ **Date:** _____

ACKNOWLEDGMENT OF RECEIPT:

I acknowledge that I have received from Acadia Counseling and Wellness, LLC, the “**Federal HIPPA Privacy Notice**”, “**Financial Policy**”, “**Electronic Communication Agreement**”, “**Patients’ Rights and Responsibilities Policy**”, and have had adequate opportunity to read and review the documents fully.

CONSENT TO TREATMENT:

I authorize, request, consent and agree to receive treatment/services from Acadia Counseling and Wellness LLC. I understand that I can withdraw this consent to treatment at any time. A withdrawal of consent will be done in writing and will include the reason for withdrawal.

LIMIT OF PRACTICE:

I understand that the office does not handle any of the following: work grievances, lawsuits, custody disputes, disability determinations, or any other legal administrative proceedings, including work excuses and request for change in job conditions.

GUARANTEE OF PAYMENT:

As the policy holder and/or patient I fully understand that I am directly responsible for payment to Acadia Counseling and Wellness LLC, for the entire services rendered to me. I also understand that my insurance is an agreement between me and my insurance company. As a courtesy, Acadia Counseling and Wellness LLC, will file my insurance claims for me. For any reason, the submitted claims are not paid to them within 45 days of the day of service, the policy holder and/or patient will become responsible for the entire bill. If such an even does arise, an itemized bill will be given to me to help process my claims. This is a standard practice within the Mental Health Industry.

FEES FOR ADDITIONAL SERVICES:

I understand there is a fee for a copy of my record if the request comes from anyone other than another state licensed physician or mental health practitioner (M.D., LCSW, PsyD, LPC, etc.). This fee is outlined and regulated by the MD Department of Health and is available on their web site.

By my signature below, I acknowledge that I have read, understood and agree to all the above.

Signature:_____ **Date:**_____

CONSENT TO TREAT CHILDREN AND ADOLESCENTS

Therapy is most effective when a trusting relationship exists between therapist and patient. Privacy is especially important in securing and maintaining that trust. One goal of treatment is to promote a stronger and better relationship between children and their parents. However, it is often necessary for children to develop a “zone of privacy” whereby they feel free to discuss personal matters with greater freedom. This is particularly true for adolescents who are naturally developing a greater sense of independence and autonomy. By signing this agreement, you will acknowledge that we will provide your child with age-appropriate privacy and confidentiality. It is our policy to provide you with general information about treatment status. We will raise issues that may impact your child either inside or outside the home. If it is necessary to refer your child to another mental health professional with more specialized skills, we will share that information with you. We will not share with you what your child has disclosed without your child’s consent. We will tell you if your child does not attend sessions. We will share general information such as issues discussed, progress made, and what other areas are likely to require intervention in the future. The details will vary with the age of your child and the specific situation. Your therapist will clarify these issues in the initial session(s). If your child is an adolescent, it is possible that he/she will reveal sensitive information regarding sexual contact, alcohol and drug use, or other potentially problematic behaviors. Some of these behaviors may be minor problems, but at other times they may require parental intervention. Feel free to discuss with your therapist any concerns you have about how these issues will be addressed. If we ever believe that your child is at serious risk of harming him/herself or another, we will inform you.

The following is specific to potential custody or other legal disputes:

I am aware that requesting the release of treatment plans, notes or reports in custody disputes, or subpoenaing testimony about any of the content of my child’s treatment, interferes with the therapy relationship and jeopardizes any gains made in psychotherapy. Therapists must be able to be neutral in family legal conflicts to be helpful. I agree that the role of Acadia Counseling and Wellness LLC, is limited to providing treatment and that I will not involve Acadia Counseling and Wellness LLC, in legal disputes, especially a dispute concerning custody, custody arrangements, visitation, etc. Therefore, I knowingly and freely waive my right to request the release of information to myself or my attorney or any other Officer of the Court for such disputes. I agree to instruct my attorneys not to subpoena Acadia Counseling and Wellness LLC, or its staff, or to refer in any court filings to what Acadia Counseling and Wellness LLC, staff has said or done. Except for records of attendance and billing, I understand that release of clinically significant information shall be by Court Order, signed by a duly appointed Judge.

If there is a court appointed evaluator in a custody dispute, and if appropriate releases are signed by both parents and a court order is provided, Acadia Counseling and Wellness LLC, will provide general information about the child which will not include recommendations concerning custody or custody arrangements. If for any reason, Acadia Counseling and Wellness LLC, staff are required to appear as a witness or speak to a custody evaluator or judge, time spent preparing reports, traveling, reviewing files, or other case-related costs will be charged at a non-insurance based rate to the party responsible.

The only exception to the above, is if the therapist at Acadia Counseling and Wellness, LLC has agreed in advance and been included in the court document to serve as the court appointed therapist.

Both parents must consent for treatment unless the treatment is court ordered or one parent is sole legal custodian.

Child's Name: _____ **Date:** _____

_____ **Date:** _____

Print Name (Relationship)

Signature _____

_____ **Date:** _____

Print Name (Relationship)

Signature _____