

Behavioral Health Affiliates, LLC

84 High Street, Suite 2A • Medford, MA 02155 • 781-393-0009 • 781-395-2909 fax

To All New Patients:

In an attempt to eliminate confusion and save time during our initial session, our policies relative to appointments, cancellations, fees, insurance claims/coverage etc. are outlined below. Please feel free to discuss, with your clinician, any aspect of this information that may concern or confuse you.

GENERAL INFORMATION

Each of our sessions will last 45 minutes unless specifically determined to be otherwise. It is our goal to stay on schedule and not keep you waiting. Please make yourself comfortable in the waiting area until it is time to begin our session. The rest rooms are located across the hall from our suite. You will need the key that is hung on the coat rack, in our waiting room, to gain access to the restrooms. Medford Square has metered parking in many areas. If you wish to park in a non-metered space there is a municipal lot across RT 16 at the back of our building. There is also parking behind Colleen's at the corner of Governors Ave and High Street.

CONFIDENTIALITY

Confidentiality is a concern for many patients. It is your right to expect and assume that information shared during the course of therapy will be kept private. Within certain legally defined limitations (i.e. risk to yourself and/or others associated with child and/or elder neglect/abuse and suicidal/homicidal danger), you can be assured that information about you and your therapy will not be revealed without your permission. Please be aware that your insurance company has the right to request written and/or verbal information pertaining to any claim for which they have been billed. Should this happen, you will be informed but we have no right to refuse information to an insurance company. Claim forms which leave this office through the U.S. Mail and/or electronic billing system contains coded diagnostic information. This is a necessary procedure in order to bill any and all insurance companies.

Additionally, collaboration with other professionals may be helpful in your treatment. If a BHA clinician is required or requested to discuss your case, your privacy will be protected to the best of our ability. Prior to discussing your case with anyone (excluding your insurance company), you will be asked to sign a written release allowing your clinician to do so. As part of our standard intake packet there is a *Coordination of Care* form where you can authorize all BHA clinicians to speak with each other and coordinate your care.

INSURANCE REIMBURSEMENT

Psychotherapy services are covered by your health insurance under the category of mental health benefits. It is your responsibility to verify your coverage and be aware of any deductible or co-payment for which you will be held responsible. Issues relative to deductibles, co-payments and other variables may effect your specific claim situation. It is in your best interest to contact your insurance company and understand your coverage. Please be aware that any payment for which you are responsible is required at the time of your appointment. Additionally, any portion of your bill not paid by your insurance company is ultimately your obligation. Be sure to gain insurance authorization prior to your initial appointment. During the intake process, you will be required to sign a form indicating that you understand these policies. Please feel comfortable to bring up any insurance or claims concerns that you have at any time during treatment

FEES

If your insurance company has a contractual relationship with Behavioral Health Affiliates your billing will be done directly between this office and your insurance company. You will be asked to pay the co-payment at the time of the visit. If there is no contract in effect between BHA and your insurer, you will be asked to pay the full amount for each visit, at the time of each visit, and we will provide you with an invoice. You can submit this invoice to your insurance company for reimbursement. If you have out of network benefits you will likely receive the level of reimbursement as outlined in your benefit package.

CANCELLATION POLICY

There will be a charge of **\$75** for all missed sessions, which are not cancelled with at least **48** hours notice. This charge will be billed to you directly and is not covered by your insurance benefits.

TELEPHONE CONTACT

The BHA answering service phone number is listed at the top of this handout. In addition, each clinician at BHA has a private voicemail that is checked frequently. Always call the answering service in the case of an emergency. The answering service will immediately page your message to your clinician but if you cannot wait for a call back please proceed to the nearest emergency room. Also, be sure you have the voice mail number of your clinician in order to reach him/her in non-urgent situations.

TERMINATION OF THERAPY

Ending well in therapy is important for many reasons. Therefore, it is best if termination is discussed during a session. Please do not call or write to stop therapy but have the opportunity to discuss your thoughts about leaving and say goodbye in person. If at any time finances seriously impact your ability to remain in therapy, please bring this up with your clinician before considering an abrupt termination.

Thank you for your consideration of these policies. Keep this as your copy as you may need to refer to it at some point in the future. Please do not hesitate to discuss any portion of this informational sheet that is of concern or confusing to you.