

# Policies and procedures concerning fees, insurance, and confidentiality

## **Referrals:**

Redwood PsychAlliance, Inc. is a group practice. You may be referred within the group to an appropriate health care provider according to your needs.

## **Fees:**

The Clinician's fee will vary depending on the service rendered, the specific provider involved and the terms of particular insurance plans. Please ask about our fees and we will be happy to explain them in detail for you.

## **Record copy fee:**

To cover the costs incurred in searching, handling and copying medical records a fee for each request shall be:

- A minimum fee of up to \$25
- 10¢ per page after 20 pages

Inclusive of copying costs, for mailing medical records for the patient or the patient's designated representative

## **Telephone:**

- There is no charge for calls under 5 minutes concerning side effects of medications that you have been prescribed by a provider. However, if the medication call involves phoning in or otherwise reissuing a prescription, you may be charged.
- There may be a \$10 charge for calling in a refill or writing a prescription to be picked up without an accompanying patient visit. The provider will only provide enough medication to last until your regular clinical visit.

## **Appointments:**

While we cannot guarantee an appointment with a clinician at your most convenient time; will we do our best to accommodate you. Your care is very important for us.

- If you are unable to keep an appointment, please notify our office immediately. This time is reserved exclusively for you.
- If an appointment is cancelled or missed without 24 business hours notice, you may be billed for the session.

Some appointments are scheduled over the phone, and not in person. Our office may call with your appointment date and time as a reminder, and may leave a message on your answering machine, or with a responsible party in your household, unless you specifically request us not to do so.

With or without an answering machine or other party telephone reminder, you are still responsible for cancelling with 24 hours notice, or you may be billed for the session as above.

## **Payment:**

As a courtesy to you, Redwood PsychAlliance, Inc. will accept benefits of an in network insurance company and will file health care claims directly to your insurance company. Redwood PsychAlliance does not bill secondary or out of network claims. Payment of all applicable copays and deductibles (or any other amount not covered by your primary insurer) is required at the time services are rendered. Payment may be made by cash, check, credit/debit card. Every client is asked to sign a "Financial Agreement". If you are unable to pay your obligation at the time of service, we may ask you to authorize Redwood PsychAlliance, Inc. to charge your credit card for any balance due more than 30 days old. There will be a \$25.00 service charge for returned checks.

Redwood PsychAlliance, Inc. reserves the right to demand full payment for services rendered at the time of service.

Redwood PsychAlliance, Inc. will not be able to file claims to your insurance company unless you provide us with accurate and complete information about your insurance plan. Accordingly, we ask you to review your policy carefully and to be aware of any limitations on your benefits. You must also promptly inform us of any changes in your insurance coverage or we will not be able to file your claims. Similarly, many insurance companies are now managing their mental health benefits. This means you must consult your insurance booklet to see if your insurance must approve sessions before they occur. If this approval is not obtained, your insurance will not cover the sessions. If you are not sure, please ask Redwood PsychAlliance, Inc. to help you with these prior authorizations.

Please note that you are ultimately responsible for all charges incurred for your treatment or the treatment of those for whom you are responsible. If for any reason your insurance company or other third party payer does not promptly reimburse Redwood PsychAlliance, Inc. for services rendered, you will be responsible for those charges (subject to any applicable law or the terms of any contract we may have with your insurer).

**Statements:**

Unless you specifically request not to receive a statement, you will be billed on a monthly basis for any past due balance you may owe. Payment of all services is expected within 30 days of the date they were rendered. Accounts with balances more than three months old may be referred to a collection agency for processing.

**Confidentiality:**

Any confidential information you disclose to us during treatment, or any other confidential information we obtain while attending to you professionally, shall be held in confidence unless you permit us to disclose such information or where we are required to disclose such information by law.

You are agreeing to the disclosure of confidential information where such disclosure is necessary to obtain certification, authorization, or payment for your treatment, or where we are required to disclose information by the terms of our contract with your insurer or managed care company. For example, in order for your insurance company to cover your treatment, we may be required to periodically communicate details of your condition and treatment with them or with your managed care case manager. You are also expressly authorizing your provider to pursue appeals and grievances with insurers or managed care companies when those appeals are necessary to obtain payment for one of your insurance claims or when your provider believes an appeal of denial of care by your insurer is appropriate or necessary.

You are agreeing to the disclosure of confidential information to other physicians or therapists familiar with your case, where your provider decides it is clinically necessary or appropriate to do so. For example, if a physician or psychotherapist referred you to us for evaluation and treatment, our providers may communicate with that professional about your condition and treatment. Please tell us in advance if you want certain information withheld. Similarly, if we refer you to another physician or therapist within Redwood PsychAlliance, Inc. for treatment, that provider will have access to your records and may communicate with your prior provider(s).

**Emergencies:**

If you think you or your family member may require hospitalization, please call the 911 or go to your nearest emergency room.

**Grievances:**

Anyone who has a grievance about any aspect of the services received from Redwood PsychAlliance, Inc. may submit a grievance. You may call us with your concerns or submit them in writing. The addresses for complaints about clinical services are:

Redwood PsychAlliance, Inc.  
509 7th Street, Suite 100  
Santa Rosa, CA 95401-5265  
(T) 568.1101  
(F) 568.1103