



Practice Policies and Authorization for Treatment and Payment

Please read the following practice policies carefully and keep a copy for your record. If you have any questions regarding any of these policies, please feel free to discuss them with the Practice Manager.

The "Practice" refers to Kraus Behavioral Health, LLC; its associates, employees, and contractors.

1. **Services:** Kraus Behavioral Health provides psychiatric medication management and brief psychotherapy for patients.
2. **Office Hours:** Office hours are held Monday through Friday from 9:00 AM to 5:00 PM. Patients are seen by appointment only. If you are experiencing a psychiatric emergency, please call 911 or go to the nearest emergency room for urgent treatment.
3. **Appointments:** Initial evaluation appointments are scheduled for approximately one (1) hour with follow-up appointments generally scheduled for fifteen (15) to thirty (30) minutes.
4. **After Hour Policy:** If non-emergent questions or concerns arise after hours, during the weekend, or holidays, you may call the office phone number and leave a voicemail message. After-hours calls will be answered within 48 hours. However, if you have an emergency related to your mental health condition, treatment, or medication, please call 911 or go to the nearest hospital emergency room.
5. **Contact Information:** It is important to have your correct contact information on file. Please advise us anytime there is any change to your mailing address, telephone number, or contact information.
6. **Insurance:** Kraus Behavioral Health participates in several insurance plans including Medicare, Medicaid, Managed Care and Commercial plans. Although the Practice accepts assignment with Medicare and Medicaid and may accept assignment (i.e. reimbursement rates) with other payors, it is your responsibility to know your insurance coverage and benefits. If your insurance carrier is not one with which we participate, you are responsible for payment in full. **Insurance plans determine service fees, such as co-payments, co-insurance, and deductibles. Balances not covered by your insurance plan are your responsibility.** If you are uncertain about your current health insurance policy benefits, you should contact your plan directly to learn the details of your benefits. Insurance companies may take 30 to 90 days to process a claim; once a claim has been processed, any remaining balance will be the patient's responsibility. You must present a current insurance card at each visit. If you do not have insurance coverage, a schedule of fees for out-of-pocket payment may be requested. Out-of-pocket fees are due at time of service.
7. **Payment:** Payment is expected at time of service, unless prior arrangements have been made, and is accepted in the form of check, VISA, Mastercard, or American Express. Also, payment of any outstanding balance is expected at time of service. Checks returned for insufficient funds will be subject to a \$35.00 processing fee. Checks should be made payable to: *Kraus Behavioral Health*
8. **Billing:** The Practice will obtain insurance pre-authorizations required for visits. By signing this policy, you authorize Kraus Behavioral Health to release to your insurance company any information needed to process your claim and/or determine benefits payable for related services. If the insurance company does not pay for the billed session(s), the patient/guardian will be responsible for paying the balance. Statements are mailed on a monthly basis and payment is due upon receipt of your statement. Past due accounts may hinder your ability to schedule future appointments. In addition, if your account becomes delinquent, the practitioner, his/her assigns, or lawful agents may pursue collection procedures. **You will be responsible for all collection costs including and not limited to court filing fees, service of procedure costs, interest, and attorney fees. Note: You are responsible for updating Kraus Behavioral Health with correct phone number, billing address, and insurance information.**

9. **Late Cancellations/No Shows:** See Late Cancellation/No Show Policy

10. **Confidentiality/Privacy/HIPAA:** Kraus Behavioral Health follows both the federally mandated privacy laws (HIPAA) and Maryland laws. This Practice further recognizes that the patient's protected health information, as described in this Practice's Notice of Privacy Practices (NPP), is privileged and as such any information can only be released for the purposes of treatment, payment, or health care operations, as outlined in this Practice's NPP (please read the Notice of Privacy Practices for more information). Your personal health information and all communications between you and the practitioner are held strictly confidential, with the exception of where the clinician is requested by law to inform authorities and/or potential victims such as: 1. The patient presents a danger to herself/himself or others 2. Child/elderly/disabled adult abuse/neglect is suspected and/or 3. The practitioner is ordered by a court to disclose information about you in the course of a judicial or legal proceeding.

11. **Medical Records Release:** Per HIPAA guidelines, medical record requests must be made in writing. To ensure your privacy, a form for release of protected health information must be completed prior to transfer or receipt of these materials. This practice will make every effort to respond to requests in a timely manner; however, compiling medical records may take up to three weeks to process. A processing fee may apply and is due prior to the release of the records.

12. **Forms and Letters:** Please allow 7-10 business days for the completion of any forms or letters requests. Processing fees may apply and are due prior to the completion of the request.

13. **Prescription Refills and Pharmacy Policy:** Please inform this practice of which pharmacy you use and update us if this should change. **Review medications prior to your appointment and request refills at that time if needed.** Please allow two to three business days for refill requests requested by phone (*patients may be required to be seen by the practitioner prior to authorization of refills*).

14. **Consent to Treatment:** By registering with this Practice, the patient's signature below represents agreement to be treated by the Practice. You give permission to the Practice to use clinical data for educational or research purposes, recognizing that any personally identifying information will be protected, consistent with standard PHI and HIPAA policies.

15. **Assignment of Benefits:** The signature below authorizes payment from the patient's insurance company for medical services to be made directly to Kraus Behavioral Health. It further authorizes Kraus Behavioral Health to contact the patient's insurance plan and/or managed care company for the purpose of obtaining benefit information, treatment plans, and billing requirements.

I, _____, (print patient name) or Responsible Party, have read and understand the above policies for the practice of Kraus Behavioral Health. *I further acknowledge that I have received a written copy of the Practice's Notice of Privacy Practice.* I agree that I have been given the opportunity to ask questions and seek clarification on all aspects of the above information. Finally, I agree that I will adhere to these policies as outlined above.

Patient/Responsible Party's Signature

Date

Verbal Consent By:

Patient/Responsible Party

Date and Time

Please notify receptionist if you would like a copy of this form for your records.