



ZenBees Psychiatry and Wellness Services, LLC.

180 Thomas Johnson Drive, #100

Frederick, MD 21702

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Self-Pay Services

Patient Name: _____

Date of Birth: _____

ZenBees Psychiatry and Wellness Services, LLC. strives to provide affordable, convenient, and effective mental health/psychiatric care to individuals and community. Whether you do not have health insurance or have gap in your insurance coverage, we are here to help. The services covered are within the scope of an outpatient mental health clinic. This policy does not cover major catastrophic psychiatric care, or any care provided by the Emergency Rooms visits, in-patient hospitalization, IOP/PHP, or other psychiatric/mental health entity. We reserve the right to adjust and changes any fees with a 30-day notice posted on our website. Check our website at www.zenbeespsychiatry.com for applicable services pertain to this self-pay policy and clinic operational hours. This policy is effective as of June 4, 2021.

Eligibility: This service is available to individuals who are 18 years or older and capable to forming a binding contract and is not barred from using the services under applicable laws. Services cover individualized treatment and care plan for the following conditions: *generalized anxiety disorder, depression, acute stress disorder, social anxiety, post-partum depression, phobias, seasonal affective disorder, post-traumatic stress disorder (PTSD), insomnia, panic disorder, and obsessive-compulsive disorder (OCD).*

Telepsychiatry and controlled substance prescriptions: The Ryan Haight Online Pharmacy Consumer Protection Act of 2008 was created to regulate online internet prescriptions, is enforced by the DEA (Drug Enforcement Agency) and impose rules around the prescription of controlled substances through telepsychiatry (live interactive videoconferencing). Due to current telepsychiatry laws, without in person evaluation and urine drug screen, we do not prescribe benzodiazepines (Klonopin, Xanax, Ativan, Valium, or similar medications), sedatives/hypnotics (Ambien, Lunesta or similar medications) nor stimulants (Vyvanse, Adderall, Focalin or similar medications) for telepsychiatry appointments. *this policy is subject to change due to DEA regulation/policy, please contact us if you have any question

Services cover by this policy:

- Comprehensive initial psychiatric evaluation to make clinical formulation and diagnosis
- Treatment plan and follow up medication management
- Full access to ongoing telepsychiatry care from our professional and board-certified clinician.

- Continuous tracking of your progress and help you make informed decision about your plan of care.
- Interactive, psychoeducation sessions to review your goals/objectives reflective mental/behavioral necessity
- Unlimited access to your patient portal and messaging with your licensed clinician
- Medications prescribed will be send electronically to your selected pharmacy.

Services not included:

- Any fees associated with routine laboratory orders such as CBC, CMP, Lipid panel, thyroid panel, vitamin D/B12, drugs testing, genesight testing, and medications serum levels and other labs ordered by the clinician
- Emergency treatment, ambulance/transportation services, hospitalization, inpatient services, partial-hospitalization program, or intensive outpatient treatment program.
- Any services provided by specialist referred by clinician
- Any forms/letters that requires preparation by clinician
- Prescriptions, prescription copay/coverages dispensed at a pharmacy

Payment:

Payments are due at the time or registration:

Payment of \$200 for initial evaluation. The subsequent visit fee is \$70 per visit for medication management. Psychotherapy follow up is \$100. Subsequent visits can include brief phone services, or telehealth services for medication management, treatment update, psychoeducation, or brief counseling. Scheduling can be done via phone or patient portal request. Policy cancellation can be done with 30 days prior notice via written form. Scheduling can be done via phone or patient portal request.

Agreement to Terms of Services:

Zenbees Psychiatry adheres to compliance procedures relevant to protected health information and HIPAA regulations. By signing up for this plan, you have agreed to ZenBees Psychiatry and Wellness Services, LLC telepsychiatry agreement which comprise:

- a) of your voluntary agreement to the rendering of care by Zenbees Psychiatry clinician as professionally deemed necessary,
- b) you acknowledge that no guarantees have been made as to the effect of such treatment,
- c) you understand that you have the right to refuse any treatment and discussed any treatment/supplement with your clinician,
- d) you also agree to be responsible for such treatment and clinical services,
- e) you agree to provide accurate, complete, and up-to-date information of your personal information/account and is responsible to keep those information update, failure to do so can result in suspension or termination of your account,
- f) acknowledge Zenbees Psychiatry's office policy, HIPAA policy.
- g) services do not include any medications or labs fees as prescribed by clinician per plan of care

The services covered are within the scope of an outpatient mental health clinic. Our clinician reserves the right to refer patients to other mental/medical health care facilities/clinics for other

specialist for further evaluation and treatment. ZenBees Psychiatry and Wellness Services, LLC also holds the right to discharge patient if the company feels discharge is warranted. Examples of situations that may warrant a discharge include: 1) Failure to comply with the patient responsibilities. 2) Any behavior that is disruptive to the clinic, staff, or patients. 3) If the clinic is unable to meet the level of care or scope of care the patient requires 4) Patient not in agreement with the way the practice works. In such case, patient will be referred to community psychiatric clinic for continuum of care. The patient will receive 30-days' supply of current medications and clinician will be available to assist in urgent care services, standard fees apply. ZenBees Psychiatry and Wellness Services, LLC. clinician will have the authority to determine the plan of care for patients consistent with psychiatric/mental health standard practices.

By signing this form, you acknowledge that if you are experiencing life threatening situation, you are to contact 911 immediately instead of calling the office. Emergency psychiatric services are provided by all local hospitals through their emergency room and do not require appointment. Emergency room physicians can contact your provider at any time so please provide them with his/her contact information.

I have read the entire agreement and agree to ZenBees Psychiatry and Wellness Services, LLC. self-pay service discount under the terms and conditions listed above.

Patient Signature: _____

Date: _____

Guardian Signature/Relationship to patient: _____

Date: _____