



## ZenBees Psychiatry and Wellness Services, LLC.

### **Frederick Location:**

180 Thomas Johnson Drive, #100  
Frederick, MD 21702  
Phone: 410-693-7401  
Fax: 534-429-4341  
[zb@zenbeespsychiatry.com](mailto:zb@zenbeespsychiatry.com)

### **Easton Location:**

7 S Park Street, Easton, MD 21601  
Phone: 410-693-7401  
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## **New patient packet information**

Welcome to ZenBees Psychiatry & Wellness Services, LLC.! We are excited to assist you on your way to wellness. Our goal is to help you to achieve the highest level of emotional, physical, and spiritual wellness through comprehensive and collaborative mental health solutions.

## ZenBees Psychiatry & Wellness Services, LLC Clinic Policy

Thank you for choosing ZenBees Psychiatry Wellness Services as your psychiatric care provider. We are committed to providing you with high quality and affordable mental health care. To address questions regarding patient and insurance responsibility for services provided, please READ clinic policy. Please contact us if you have any questions. A copy of this can be provided to upon your request. Zenbees Psychiatry has the right to amend any of these policies as deem necessary.

1. **Insurance:** We participate in most insurance plans, including Medicare and Medicaid. If you are not insured by a plan, a self-payment option through credit card payment, in full, is expected at each visit. If you do not have an up-to-date insurance card, payment in full is required until we can verify your insurance benefits. *Knowing your insurance benefits is your responsibility. Please contact your insurance plan with any questions regarding your coverage.*

2. **Copayments and deductibles:** All copays and deductibles must be paid prior to your appointment. This arrangement is part of your contract with your insurance company. Failure on our part to collect copays and deductibles is considered fraud. We want to ensure we are upholding the law, so please ensure you come with your copay or deductible at each visit. All balance due are to be collected prior to the next visit. To facilitate check in/checkout process efficiently, we require patients to keep a credit card on file for easier check out. At first visit, you will submit a credit card of your choice, including Health Saving card (HSA) or Flexible Spending Account (FSA). Copay will be collected during or after the session is completed. A receipt will be emailed to you.

3. **Non-Covered Services:** Please be aware that some and possibly all services (such as forms/letters) could be considered non-covered, unreasonable, or unnecessary by Medicare or other insurers. You are responsible for payment in full of any services provided regardless of if these services are covered by your insurance.

4. **Proof of Insurance:** All participants must complete our patient information form before seeing the provider. We must obtain a copy of your driver's license and valid insurance card to provide proof of insurance. If you fail to provide the correct insurance information in a timely manner. You may be responsible for the balance of a claim.

5. **Claims Submission:** We will submit your claims and assist you in any way we

reasonably can help to get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to conform with their request. *Please be aware that the balance of your claim is your responsibility whether or not the insurance company pays for the claim.* Your insurance benefit is a contract between you and your insurance company. After your insurance processed your visit claim, we will notify you via email of your balance. The balance owed will be charged to your card on file. A receipt will be emailed to you. The credit card stored on our system follows the payment card industry data security standards, or PCI complaint.

**6. Coverage Charges:** Fees for medical reports, medical forms, medication authorizations, extensive phone calls, family consultations, consultations with other physicians and therapists are billed based on time spent. If your insurance changes, please contact the office prior to your next visit so we can make the appropriate changes and help you receive your maximum benefits. If your insurance company does not pay for services in 45 days, the balance will automatically be billed to you.

**7. Service Fees.**

			Self-pay
Initial evaluation	1 hour	\$275*	200
Medication management follow up	30 minutes	\$160*	70*
Brief visits	<30	\$60-140	
Psychotherapy follow up	50 min	\$150	100
Brief psychotherapy session	10-45min	\$80-140*	
Forms/letters	Brief	Starts at \$25*	Starts at \$25*
No show/late cancellation (<48 hours)		120	50

\*Any extended sessions exceed the allotted time will be billed additional charge based on time spent, rounded to the nearest 15-minute interval, for consultations/visits conducted in person/telehealth/ telephone, and time spent reviewing, preparing, and/or writing reports. For self-pay, see self-pay consent form for more information.

**8. Nonpayment:** If your account is over 60 days past due, you will receive a letter

stating that you have 21 days to pay your account in full. If payment is not received within 21 days, there will be an interest rate of one percent (1%) accrued each month for the total balance due. Partial payments will not be accepted unless an agreement has been made with ZenBees Psychiatry & Wellness Services. There will be a charge of \$25 for any returned checks. Please be aware that if a balance remains unpaid, we may submit your account to a collection agency, and you will be responsible for all collection costs including attorneys' fees and connection with any enforcement action taken due to non-payment. If this is to occur, you will be discharged from the practice and will be notified by mail to find alternative psychiatric care. During the 30-day period our providers will only be able to treat you on an emergency basis.

**9. *Missed/Cancellation or No-Show Policy:*** Schedule can be booked in advance. We encourage you to be responsible for keeping track of your appointment. We reserve the right to charge for no show and appointment not canceled at least 48 hours in advance. *No show and late cancellation will be billed as full fee and are not covered by your insurance.* Please save your cancelling message to avoid charges. Any patients with 3 no-show appointments will be discharged. Any patient with a lapse in treatment of 3 months or longer with no attempt to schedule a follow up appointment will be discharged. Patient requests to start services again will be assessed on a case-by-case basis.

We require 48 hours' cancellation notice for all scheduled appointments. Please call 410-694-7401 to cancel or reschedule. For appointments that were cancelled with less than 48 hours' notice, a full-service fee of \$120 applies for follow-up, \$50 for self-pay clients, and \$275 for initial intake appointment.

**10. *Patient Discharge Policy.*** Patients will be discharged for 3 no show appointments. ZenBees Psychiatry and Wellness Services holds the right to discharge patients if the company feels a discharge is warranted. In such a case, the patient will be referred to a 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 within those 30 days, standard fees apply.

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

11. **Patient Communication.** We always attempt to be accessible for all urgent issues. If your provider is not immediately available by office phone 410-693-7401, patients will call the clinic phone and leave a voicemail to request a returned call. The clinician will return calls/messages/emails within 24 hours during regular office hours. If your provider is not available for an extended period (vacation, conference, etc.), a trusted colleague will provide coverage. Calls received after 4:00pm will be returned the following business day. Telephone messages will be checked during office hours only, 9-5pm. In the event of a provider's absence phone calls may be returned by another clinician in the office. Medication refills should be requested through the pharmacy.

Patients can also send the clinician an email/message via patient portal.

If your call is an emergency, please 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 appointments. Emergency room physicians can contact your provider at any time so please provide them with his/her contact information.

12. **Electronic mail (Emails):** Please always be aware that mail is not a confidential means of communication. We cannot guarantee that email messages will be received or responded to in a timely fashion. As such, email is not an appropriate way to communicate confidential or urgent information.

13. **Emergency Policy:** Our clinic does not provide emergency services. In the event of a medical or mental health emergencies, patients are asked to call 911 or go the nearest Emergency Department immediately.

14. **Inclement Weather:** In case of inclement weather, we will notify you via email or phone call. Please call our office and check prior to leaving your house. In the case of unanticipated emergency or inclement weather, the clinician/clinic reserves the right to cancel or reschedule any appointment. The clinician will notify via messaging or call briefly. If the clinician is unable to reach you, we sincerely apologize, your appointment will be rescheduled with no missed appointment charge incurred.

15. **Holiday Schedule:** The clinic will be closed for all major holidays and additional days below:

New Year's Day

Memorial Day

Independence Day

Labor Day

Thanksgiving Day & Friday after

Thanksgiving

Christmas Eve

## Christmas Day

**16. *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), Sublocade for telepsychiatry appointments.

Patients who are being prescribed control substances are responsible for completing urine drug tests and keeping their medications safe and secure places. If medicine is lost or stolen, it will not be replaced until the next appointment and may not be replaced at all. Medications are to be taken as prescribed and instructed, no dosage change without provider consent. Any urine drug test not completed within the parameter ordered by provider, will be considered a failed test. It is the patient's responsibility to keep all scheduled appointments.

**-This regulation has expanded during Covid-19 public health emergency and is subject to change in accordance with DEA regulations.**

**17. *Prescription Refills:*** Medications will be refilled at medication management appointments. Medications written at your visit will be sent electronically to your designated pharmacy. If refills on medications outside of appointments are deemed necessary, patients are asked to send a request for a refill to the provider. Refill requests for non-controlled medication may take up to 5 business days to process. If there is a missed appointment, medication will be refilled by the next scheduled appointment. The next scheduled appointment needs to be within 30 days of the refill. No additional refills will be granted until the patient is seen and evaluated by the clinician. Request forms for mail order prescription can be sent to your clinician via your portal messaging system. Notification of scheduled clinic closings will be posted on the clinic website and portal to allow patients to plan refills prior to the clinic closing.

**18. *Professional Records:*** Both law and professional standards protect mental health records. Although you're entitled to review a copy, these records can be misinterpreted given their professional nature. In rare cases when it is deemed potentially damaging to provide you with the full records directly, they are

available to an appropriate mental health professional of your choice.

Alternatively, we can review them together and/or treatment summaries can be provided. Please note that a professional fee will be charged for any preparation time required to comply with such requests. However, if you request copies, within 21 days of your request, we will provide a copy or a summary of your health information. Paper copy charge is \$0.76 per page, electronic version may be provided at \$0.57 per page with total fee will not exceed \$80. The base charge to cover supplies and labor is \$22.88 + postages for any medical records required mailing.

*Please note that these fees are not covered by your health insurance.* Payment is required before medical record information is released.

19. **Forms:** Time spent on completion of medical reports, medical forms, family consultations, extensive phone conversations, consultation with other health care providers/psychotherapists or medication authorization, will be billed based on clinician time spent. Forms or paperwork submitted will be completed within 3-5 business days. For any reports, document or consultation services will be billed at the time spent for form(s) completion, rate for forms varied from \$25 (for simple forms) to \$250 (for letters/reports) and are payable at the time of service.

20. **Legal Testimony:** ZenBees Psychiatry and Wellness Services does not provide evaluation for court. Referrals can be provided if requested. Legal matters requiring the testimony of a mental health professional can arise, this, however, can be damaging to the relationship between a patient and his/her provider. As such, we generally recommend that you hire an independent forensic mental health professional for such services.

For court order appearance, testimony or response to subpoena, charge of \$275 per hour, and \$1000 per day will be charge per day, in addition to housing/transportation or traveling expenses. The fees are to be paid 3 days in advance of the mandated services. *Please note that these charges are not covered or reimbursed by insurance.*

21. **Patient rights and confidentiality:** Your health information is confidential, and HIPAA protected. We can use and share your health information to run our practice, improve your care, and contact you when necessary. To assist with your treatment plan, your health information may be used and shared with other professionals at our office or your treating physicians to better care for you. We can share your information with pharmacy staff only as needed to safely process prescriptions at a pharmacy that you have chosen. We will not share your health information with third party providers who are not involved in your mental health

treatment unless you have given us consent to do so, except in emergency situations or when we perceive there is an imminent threat to health or safety. As such, the duty to warn arises when a patient has communicated an explicit threat of imminent serious physical harm or death to a clearly identified or identifiable victim or victims, and the patient has the apparent intent and ability to carry out such a threat. As mental health practitioners, it is our obligation to warn any identifiable victim.

**22. *Provider qualifications:*** The providers are trained professionals engaged in providing mental health care services to clients. Providers hold a variety of degrees in the field of psychology and mental health such as: Masters or Doctoral Degrees in Psychology, Masters or Doctoral degree in nursing, License psychiatric Nurse Practitioner, Board certified psychiatrist, Licensed Marriage and Family Therapist (LMFT), Psychiatry, or licensed clinical social worker (LCSW), Licensed Clinical Professional Counselor (LCPC), or licensed graduate professional counselor (LGPC). LGPC will be supervised by a designated supervisor.

Our practice is committed to providing the best treatment for our patients. Our prices are representative of the usual and customary charges in our area. Please contact the office with any questions.