



Newport Center For
Behavioral Medicine

1101 Dove Street, Suite 250
Newport Beach, CA 92660

Office: (949) 863-1943
Voicemail: (949) 222-3277
Fax: (949) 863-1029

OFFICE POLICIES

(Please read carefully, initial all pages and sign last page)

Office Hours

Monday – Thursday 10:00AM to 6:00PM

Friday - Closed

Closed for lunch between 12:00PM and 1:00PM

Professional Fees

\$300 for initial visit

\$175 for follow-up visit

Payments and Billing

Payment is due at the time of each visit, by **CASH, VISA, or MASTERCARD (NO CHECKS)**. You will be required to keep a valid credit card on file to be used in case of a missed appointment without 48 hours notice. If you have a balance and your account is overdue for more than 60 days, Dr. Sokolski reserves the right to use legal means to secure payment. This includes charging an on file credit card as well as utilizing a collection agency or small claims court. In such cases, required information that may contain confidential health information may be provided to these agencies, including name, nature of services provided, and amount due. Furthermore, if the amount due is not paid in full, you agree to bear all collection costs, court costs and legal fees.

Insurance

At Newport Center for Behavioral Medicine we do not participate in any insurance panels. Elimination of insurance obligations has allowed us to provide high-quality services that are tailored to your personal needs, not insurance company demands. Therefore, you will need to pay out-of-pocket at the time of service, and obtain reimbursement from your insurance companies for out-of-network benefits. You will be provided a receipt for each visit for your submission to your insurance company.

**Please note that many PPO plans do provide some reimbursement for mental health care provided by an out-of-network provider, so you may get a substantial portion (50-80%) of our fees back from your insurance company, depending on your specific plan. We recommend you contact your insurance company to inquire about your out-of-network mental health service benefits if insurance reimbursement is an important issue.

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(NOTE: For Medicare eligible patients, we are not Medicare providers, and our services are not eligible for reimbursement by Medicare; please see the Summary of Medicare Acceptance Policy, below, for further information.)

Summary of MEDICARE Acceptance Policy

Newport Center for Behavioral Medicine does not participate in Medicare. By law, Medicare-eligible patients are required to enter into a private contract with Newport Center for Behavioral Medicine and we deliver medical care on a on a fee-for-service basis which is NOT reimbursable by Medicare. By accepting the treatment contract with Newport Center for Behavioral Medicine, you agree that you shall not submit a claim or ask Newport Center for Behavioral to submit a claim for payment under Medicare for services rendered, even if such items and services would otherwise be covered by Medicare. This means that you agree not to bill Medicare or ask Newport Center for Behavioral Medicine to bill Medicare, for services rendered by our personnel. Please note, the private contract is with Newport Center for Behavioral and applies only to our office. You are not compelled to enter into private contracts that apply to other Medicare-covered services furnished by other physicians or healthcare practitioners. This means that Medicare-covered services and payments are still available to you from other physicians or practitioners who have not opted out of Medicare, and therefore you may, if you so choose, use the services of those physicians or practitioners even when you enter into this private contract with Newport Center for Behavioral Medicine.

Forms, Letters and Reports

If you require paperwork that cannot be accomplished in the course of our regular session (forms, letters, report preparation, etc) you will be charged for Dr. Sokolski's clinical time at a rate of \$75 per 15 minutes.

Reports will be billed at a rate of \$300/hour or \$150 per ½ hour.

Changes in Address/Phone Number

Please notify us as soon as possible if you have any changes to your home or billing address, as well as phone numbers. Please also let us know if there are any concerns about the phone number used for reminder calls by our office. You will be asked to fill out a new information profile completely every year.

Medication Refills

Medications can be prescribed after the initial evaluation has been completed. Established patients are always given enough medication and refills until the next office visit, so refills are not necessary over the phone. Please do not have your pharmacy call for a refill. This is to limit medication errors and to protect your safety. We encourage you to guard your prescriptions carefully. You are responsible to take any written prescription(s) given to you at the end of your appointment to the pharmacy. We may charge a \$40.00 fee to re-write or call in prescription(s) for any lost or damaged prescription(s), if it requires more than 5 minutes office time.

If you have missed or cancelled an appointment, you will be provided with enough medication until the re-scheduled visit, within 1-2 weeks of the missed appointment. You will not be provided with refills over the phone without a scheduled appointment, if your last visit was more than four months ago or if you had consecutive missed appointments.

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Medication Prior Authorizations

If your insurance requires a prior authorization on a medication, please have your pharmacy contact our office as soon as possible. There will be a one-time fee of \$50.00 per Prior Authorization, regardless of the outcome. Prior Authorizations may last between one and twelve months before another is required.

Cancellation/Missed Appointments

Appointments must be cancelled at least **48 business hours** before your scheduled visit to avoid paying the full session fee. The only exception is an unavoidable emergency. In such a situation, please inform the office as soon as possible that you are not able to make the appointment.

Late Arrivals

Patients are seen by appointment and we make every effort to stay on schedule. In fairness to other patients, please be aware that if you arrive late, your time may be cut short so that the next appointment can begin on time. In addition, you will be charged the full amount (\$175) of your scheduled visit.

Emergency and Phone Calls

You may contact the office at (949) 863-1943 during office hours. For after-hours and weekend calls, for emergencies only, you can leave a message on Dr. Sokolski's voicemail at (949) 222-3277. If the call requires more than 10 minutes of Dr. Sokolski's time, you may be billed for services rendered after-hours. Patients who require frequent phone calls may be asked to come into the office before their scheduled appointment, as frequent phone calls may suggest a need for more thorough evaluation or change in treatment plan.

Email Communications

Emails should never be used to communicate any confidential and/or health information, including medication refill requests. Furthermore, emails should never be used for urgent or emergency issues. Dr. Sokolski cannot ensure that email messages will be received or responded to in a timely matter. Email is not a confidential means of communication. It may be intercepted and accessed without your knowledge. If an email is sent from you with protected health information, you will bear sole responsibility for any privacy breaches.

Telemedicine

In the event that you are out of town, or unable to come to your appointment, Dr. Sokolski can conduct phone sessions, so the treatment and support can continue without interruption. In this case, you will be asked to sign a telemedicine consent form informing you of the risks and benefits of treatment by telephone.

Continued Care

For your health and well-being, you are expected to keep your appointments for your continued care. If you have excessive missed or cancelled appointments, or you do not contact the office for six months, you will be discharged from the practice. This includes timely cancellations of scheduled appointments. If you are discharged from the practice, you will be notified by mail.

Confidentiality

Confidentiality is protected by the law and protected health information can only be released with your written permission. However, several exceptions to confidentiality do exist and these include:

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(1) **Danger to self** – if there is threat to self-harm, Dr. Sokolski may disclose information to the appropriate parties related to a potential hospitalization, or contact family members or significant others who can help provide protection.

(2) **Danger to others** – if there is threat of serious bodily harm to others, Dr. Sokolski is required to take protective actions which may include notifying the potential victim, notifying the police, or seeking appropriate hospitalization.

(3) **Grave disability** – if due to mental illness, you are unable to meet your basic needs, such as clothing, food, and shelter, Dr. Sokolski may have to disclose information in order to access services to provide for your basic needs.

(4) **Suspicion of child, elder, or dependent abuse** – Physicians are mandated reporters and must contact the appropriate state agency.

(5) **Suspicious injuries caused by means of a firearm or suspected to be the result of assaultive or abusive conduct.** Physicians are required by California law to report these suspicious injuries to the local law enforcement agency. Assaultive or abusive conduct includes a number of prohibited criminal acts, or attempted acts, such as battery and sexual assault, and physical or sexual abuse of spouse or cohabitant. The above reporting responsibility includes reporting on domestic violence in violation of the state criminal law.

(6) **In certain judicial proceedings as ordered by court.** Subpoenas are not court orders and if Dr. Sokolski receives a subpoena, he will make every attempt to contact you before responding to the subpoena. Dr. Sokolski reserves the right to consult with other professionals, such as legal counsel or another health professional when appropriate. Please see Notice of Privacy Practice for more information regarding confidentiality of protected health information (under Forms in www.121psychiatry.com). A hard copy is also provided to you during the initial evaluation.

Signature of Patient/Guardian _____

Printed Name of Patient/Guardian _____

Date _____