



MPW Client Handbook

Healing Minds, Inspiring Lives

Table of Contents

Welcome	3
Our Mission.....	3
Our Services	3
Agency Expectations/Client Responsibilities	4
Treatment Risks and Benefits	5
Telehealth Services	6
Client Rights.....	7
Client Grievance Procedure	8
Client Rights Officer	8
Client Financial Responsibility and Billing.....	10
Definitions:.....	10
Co-Payment	10
Deductible	10
Coinsurance	10
Out-of-Pocket Maximum/Limit.....	10
Procedure:	11
All Clients	11
Clients with Insurance.....	12
Self-Pay Clients	12
Collection Activity	13
Fee Schedule.....	14
Resource List.....	15
Infectious Disease	16





WELCOME

Welcome to Modern Psychiatry and Wellness! We are so glad you have chosen us to provide for your care. It takes courage to ask for help and we want you to know that staff at Modern Psychiatry and Wellness are here to support you. Our team of psychiatrists, nurses, therapists, case managers and support staff are honored to partner with you on your journey to wellness and recovery.

At Modern Psychiatry and Wellness, we believe that everyone walking through our doors has unique strengths, needs and abilities and it is our desire to help you succeed in reaching your specific goals. We believe in providing evidence-based services and believe that treatment can be most successful when a comprehensive, holistic approach is used.

The purpose of service provision is to empower you, as our client, to achieve holistic wellness and growth in the emotional, environmental, financial, intellectual, occupational, physical, social, and spiritual realms.

OUR MISSION

Our God given mission is to provide individualized, holistic, proven, and compassionate treatment to those who suffer from mental illness, emotional pain, and addiction.

OUR SERVICES

Screening, Diagnostic Assessment, Pharmacological Management, Medication Assisted Treatment, Withdrawal Management, Individual Counseling, Family Counseling, Group Counseling, Partial Hospitalization Services, Intensive Outpatient Treatment, Non-Intensive Outpatient Treatment, Case Management Services, and Computerized Cognitive Testing.

Diversity, Equity and Inclusion

At Modern Psychiatry and Wellness, we are committed to fostering a diverse, equitable, and inclusive environment for our employees, clients, and partners. We believe that diversity of thought, background, experience, and perspective is a critical driver of innovation and success. By embracing a culture of respect, inclusion, and belonging, we strive to create a workplace where everyone feels valued, heard, and empowered to reach their fullest potential.

We are dedicated to providing equal opportunities and removing barriers to access, while ensuring fairness and transparency in all aspects of our business practices. Our commitment to DEI goes beyond policies—it is embedded in the way we work, interact, and collaborate with each other and with our clients.

As a minority-owned company, we take pride in our diverse foundation and recognize the importance of uplifting voices and perspectives from all communities. We are passionate about leveraging our unique experiences to create meaningful partnerships that celebrate diversity, support inclusion, and promote equity in everything we do.

Together, we can build a stronger, more vibrant future for all.

Equal Employment Opportunity Statement

Modern Psychiatry and Wellness is committed to providing an inclusive and welcoming environment for all employees and applicants. We are an equal opportunity employer and do not discriminate based on race, color, religion, sex, sexual orientation, gender identity or expression, national origin, age, disability, genetic information, veteran status, or any other legally protected characteristic under applicable federal, state, and local laws.

This policy applies to all terms and conditions of employment, including recruitment, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation, and training.

We are dedicated to fostering a workplace where all individuals feel valued and respected, and we strive to promote diversity, equity, and inclusion in everything we do.

If you have any questions about this policy or feel that it has been violated, please contact the Director of Human Resources.

EMERGENCIES

During regular business hours, a licensed counselor is always available to handle non-life-threatening client crises. After business hours and on weekends and holidays, you may contact 911 for medical emergencies, seek treatment in a hospital emergency room and/or contact the crisis and suicide lifeline by dialing 988.

OUR CONTACT INFORMATION

Modern Psychiatry & Wellness, LLC
1910 Fairgrove Ave. Ste E
Hamilton, OH 45011

Modern Psychiatry and Wellness, LLC
7162 Liberty Centre Dr. Ste A
West Chester, OH 45069

513-494-4MPW (4679)
Fax: 513-737-4603
Hours: 8am to 6pm
Walk In Hours: 8am-3pm
mpwfd@modernpsych.com

*For additional information please visit our website at:
mpwhealth.com*

AGENCY EXPECTATIONS/CLIENT RESPONSIBILITIES

- Engage with your treatment provider(s) to develop and follow a treatment plan.
- Participate to your fullest ability and report changes that affect your ability to participate.
- If you are unable to commit to your current treatment plan or want to change your goals, discuss with MPW staff.
- Respect the confidentiality and privacy of others. Do not share information you learn in groups or from other clients with your family, friends, or anyone outside of agency staff.
- Arrive on time for all appointments.
- Avoid use of cell phones during group and individual appointments with MPW staff.
- Give 24-hour notice when you are unable to keep an appointment.
- Meet your financial obligations for the care provided.
- Commit to treating all people (staff and other clients) with courtesy and respect and all facilities with care.
- Avoid use of all threatening behavior including verbal aggression, derogatory behavior, damaging agency property, and behaving in a negative way that negatively affects the feeling of safety for other staff or clients.
- Do not bring weapons, legal, illegal, non-prescribed controlled or addictive substances or alcohol onto agency property. **MPW reserves the right to request a search or call the police if there is suspicion of drugs or weapons on a person.**



- Do not smoke in the building or use any other tobacco products, including vaping. Tobacco use is permitted in designated areas outside of the building.

SAFETY PROCEDURES

Emergency exits are clearly marked by red exit signs above the doors. Fire extinguishers are in each hallway and the entrance hallway by the main entrance to the waiting room.

First aid kits are available. Please notify front desk staff or any agency staff if first aid is needed.

TREATMENT RISKS AND BENEFITS

Modern Psychiatry and Wellness, LLC provides mental health and/or substance abuse treatment. Behavioral Health Treatment Services can consist of any single, or combination of the following, services:

assessment, individual and group therapy, pharmacological management, withdrawal management, psycho-education, case management, supportive housing.

The benefits of treatment may be the reduction or elimination of symptoms and a greater quality of life.

Treatment includes a variety of methods aimed at three benefits:

1. Improve overall wellness
2. Reducing or eliminating disturbing symptoms.
3. Helping clients achieve greater psychological comfort, improve behavioral functioning and/or self-control, and achieve better adjustment to life circumstances.

Risks may include experiencing uncomfortable feelings because the process often requires discussing difficult and uncomfortable aspects of one's life. While the expectation that clients may benefit from behavioral health treatment is reasonable, progress cannot be guaranteed. While MPW certainly hopes that participating in behavioral health services will help you resolve issues and achieve your goals, it is important that you understand the limitations and risks of treatment discussed above. Additionally, it is important to keep your clinicians informed of any difficulty you may encounter during your treatment.

Clients will not be forced to take medication, and clients always have the right to either refuse and/or request to be taken off any medication at any time. If Modern Psychiatry and Wellness LLC receives your consent to prescribe a medication to you, it is important to take the medication exactly as prescribed. You should not stop taking or change the amount or frequency of the medication without consulting first with your assigned provider. It is also important to follow through on any lab work requested. In addition, because some medications may interact negatively with other drugs (e.g., other prescribed medications, herbs, over-the-counter substances, illegal drugs, etc.) you must inform your treatment providers about any of these that you may take.

PHONE CALLS, TEXT MESSAGES, AND E-MAIL COMMUNICATION

Please know that you may be contacted by phone, text messages or e-mail to remind you of appointments and other general communications at the numbers you provide to the agency.

You understand that the practice does not charge for this service, but that standard text messaging rates may apply.

You have the right to decline this method of communication by informing our front desk staff or your treatment provider.

TELEHEALTH SERVICES

Modern Psychiatry and Wellness offers some behavioral health services via telehealth. Telehealth services can be used to connect you with your provider for appointments conducted by videoconferencing with video images. This appointment will not be the same as a direct provider visit since you will not be in the same room as your provider.

There are potential risks to technology, including interruptions, unauthorized access, and technical difficulties. You understand that you or your provider can discontinue the telehealth appointment if it is felt that the videoconferencing connections are not adequate for the situation or at any time.

You understand that your privacy and confidentiality will be protected, however, there is potential for other people to overhear sessions if you are not in a private place during telehealth appointment. You also understand that the likelihood of a videoconference being intercepted by an outsider is like the potential interception of a phone call. You understand that your healthcare information may be shared with other individuals for scheduling and billing purposes. You understand that another person may be present during the appointment other than your provider if technical problems occur. This person will maintain confidentiality of the information obtained and you will be informed of their presence.

In the event the telehealth appointment is interrupted due to an equipment interruption, your provider will contact you via email or by phone to discuss options for your next appointment. You can schedule an appointment in the office or reschedule your telehealth appointment.

By initialing Annual Acknowledgement for Telehealth Services, you acknowledge that you have read this document and understand the risks and benefits of the telehealth appointment and have had your questions regarding the procedure explained and are consenting to participate in a telehealth appointment visit under the terms described herein.

CONSENT FOR RECORDING VISIT

iQ is a Scribe tool that uses artificial intelligence to summarize clinical documentation. iQ works by listening to the conversation during your appointment and then summarizing the session into clinical note suggestions to assist your clinician in reviewing and documenting your health record. iQ does not make any decisions regarding consumer care nor does it interact directly with you.

Benefits for consumers: iQ benefits both the clinician and consumers by improving the accuracy of clinical documentation, reducing documentation interruptions during appointments, allowing the clinician to focus on the consumer.

Privacy and Security: Privacy and Security are top priorities. iQ complies with HIPAA and the Assistant Secretary of Technology Policy/Office of the National Coordinator regulations for Predictive Decision Support Interventions. iQ is an AI Scribe tool that is available as part of electronic health record and is not a separate tool or system limiting the risk of data exposure. iQ session audio capture and transcripts are deleted following the session. No consumer data is used to train the AI system without additional consumer consent.

Ohio is a one-party consent state (Ohio Revised Code §2933.52). Although only one party must consent to recording, Modern Psychiatry and Wellness obtains informed client consent to ensure transparency and compliance with HIPAA and ethical standards.



CLIENT RIGHTS

As a client of Modern Psychiatry and Wellness LLC, you have the following rights:

1. The right to be treated with consideration and respect for personal dignity, autonomy, and privacy.
2. The right to reasonable protection from physical, sexual, or emotional abuse, neglect, and inhumane treatment.
3. The right to receive services in the least restrictive feasible environment.
4. The right to participate in any appropriate and available service that is consistent with an individual service plan (ISP), regardless of the refusal of any other service, unless that service is a necessity for clear treatment reasons and requires the person's participation.
5. The right to give informed consent to or to refuse any service, treatment, or therapy, including medication absent an emergency.
6. The right to participate in the development, review, and revision of one's own individualized treatment plan and receive a copy of it.
7. The right to freedom from unnecessary or excessive medication and to be free from restraint or seclusion unless there is immediate risk of physical harm to self or others.
8. The right to be informed and the right to refuse any unusual or hazardous treatment procedures.
9. The right to be advised and the right to refuse observation by others and techniques such as one-way mirrors, tape recorders, video recorders, television, movies, photographs, or other audio and visual technology. This right does not prohibit an agency from using closed circuit monitoring to observe seclusion rooms or common areas which do not include bathrooms or sleeping areas.
10. The right to confidentiality of communication and personal identifying information within the limitations and requirements for disclosure of client information under state and federal laws and regulations.
11. The right to have access to one's own client record unless access to certain information is restricted for clear treatment reasons. If access is restricted, the treatment plan shall include the reason for restriction, a goal to remove the restriction, the treatment being offered to remove the restriction.
12. The right to be informed a reasonable amount of time in advance of the reason for terminating participation in service, and to be provided with a referral, unless the service is unavailable or not necessary.
13. The right to be informed of the reason for denial of service.
14. The right not to be discriminated against after receiving services based on race, ethnicity, age, color, religion, gender, national origin, sexual orientation, physical or mental handicap, developmental disability, genetic information, human immunodeficiency virus status, or in any manner prohibited by local, state or federal laws.
15. The right to know the cost of services.
16. The right to be verbally informed of all client rights and to receive a written copy upon request.
17. The right to exercise one's own right without reprisal, except that no right extends so far as to supersede health and safety considerations.
18. The right to file a grievance.
19. The right to have oral and written instructions concerning the procedure for filing a grievance, and to receive assistance in filing a grievance if requested.
20. The right to be informed of one's own condition; and
21. The right to consult with an independent treatment specialist or legal counsel at one's own expense.

CLIENT GRIEVANCE PROCEDURE

1. All clients of Modern Psychiatry and Wellness LLC shall file a written grievance if they feel that any of their rights have been violated. The grievance must be in writing, must be signed and dated by the client, and must include the date and time of the grieved incident or complaint, a description of the incident or complaint, and the names of all individuals involved. It is recommended that the complaint be filed within ten (10) calendar days of the incident, however, a grievance filed after ten calendar days will not be rejected based on the elapsed time of the filing.
2. The grievance shall be filed with the agency's designated Client Rights Officer listed below. The Client Rights Officer can assist the client in preparing and filing the grievance, as are other agency staff not directly involved in the incident or complaint. If the Client Rights Officer is the subject of the grievance or complaint, the Alternate Client Rights Officer shall assume the responsibilities of the Client Rights Officer.
3. The Client Rights Officer shall review the grievance, collect information from all individuals involved with knowledge about the incident, and submit a decision or recommended resolution to the client within five (5) calendar days from the initial filing of the grievance or complaint. If the client is not satisfied with the decision or recommended resolution of the grievance, the client shall be given an opportunity to request a grievance hearing. There shall be notification of the procedures for requesting a hearing and of the elements of the hearing process.
4. The request for a grievance hearing shall be submitted in writing by the client to the Client Rights Officer. A hearing shall occur within fifteen (15) calendar days from the initial filing of the grievance. The Client Rights Officer shall be responsible for assisting the client in requesting a hearing, investigating the grievance on behalf of the client, and providing agency representation for the client at the hearing, if so desired. The hearing shall be conducted by the hearing officer, who shall be the program's Executive Director(s) or CEO (Chief Executive Officer). If the Client Rights Officer is the subject of the grievance, the client shall be informed to directly contact the agency's CEO to initiate the hearing process.

CLIENT RIGHTS OFFICER

The agency staff listed below is designated as Client Rights Officer for Modern Psychiatry and Wellness LLC. They have the responsibility to facilitate the filing of client grievances and to assist in the resolution of grievances filed by, or on behalf of, a client of the agency.

CLIENT RIGHTS OFFICER

Courtney Hunter

513-299-4009

courtney.hunter@modernpsych.com

At any time, the client or person filing a grievance on the client's behalf has the right and option to file a grievance with any of the following outside organizations:

Ohio Legal Rights Service 50 W. Broad St. Suite 1400 Columbus, Ohio 43215-5923 (614) 466-7264 (800) 282-9181	Ohio Client Assistance Program 50 W. Broad Street, Suite 1400 Columbus, Ohio 43215-5923 1-800-282-9181
State of Ohio Medical Board 30 E. Broad Street, 3 rd Floor Columbus, Ohio 43216-6127 (614) 466-3934	Ohio Board of Nursing 17 S. High Street Columbus, Ohio 43215-7410 (614) 466-3947
U.S. Department of Health & Human Services, Office for Civil Rights Region V 200 Independence Ave. SW Medicaid Fraud Control Washington, D.C. 20201 1-877-696-6775	State of Ohio Board of Psychology 77 S. High Street, Suite 1830 Columbus, Ohio 43215-6108 (614) 466-8808
ODADAS (Ohio Department of Alcohol & Drug Addiction Services) Vern Riffe Center 77 N. High Street, 16 th Floor Columbus, OH 43215 (614) 466-3445	Butler County Mental Health & Addiction Recovery Services Board 5963 Boymel Drive Fairfield, Ohio 45014 (513)-860-9240



CONFIDENTIALITY OF CLIENT RECORDS

At Modern Psychiatry and Wellness LLC, we protect your privacy by limiting the use of information to only what is needed to provide care, treatment, or services. Privacy, along with security, results in the confidentiality of clinical/case information. This information is kept confidential.

Agency Confidentiality Statement According to Ohio State Laws, the HIPAA Privacy Rule and professional ethics, all protected health information (PHI) obtained during the evaluation and provision of services to a client must be held in the strictest of confidence. A client must provide written consent for the disclosure of any specific piece of information from the client's chart to another entity.

However, the clinician has a duty:

1. To warn and protect anyone whom she or he believes is in eminent danger from the client
2. To take appropriate action to protect the client from harming him/herself
3. To take appropriate action to prevent a serious criminal act planned by the client
4. To inform proper authorities of suspected child abuse.

FOR CLIENTS WITH A SUBSTANCE USE DISORDER, RECORDS ARE PROTECTED BY FEDERAL LAW AND REGULATIONS 42 CFR PART 2.

The program may not say to a person outside the program that a client/person served attends the program or disclose any information identifying a client/person served as an individual with a substance use disorder unless one of the following applies:

- The person served consents in writing.
- The disclosure is allowed by a court order.
- The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.

Declared emergencies from natural disasters that disrupt treatment facilities and services are also considered a "bona fide medical emergency," to disclose SUD records without client consent.

Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities. (See 42 U.S.C. 290dd U.S.C. 290ee3 for Federal laws and 42 CFR part 2 for Federal regulations). If you provide any information about a crime committed or a threat to commit a crime, this may be reported to appropriate authorities in accordance with Federal regulations.

LEGALLY REQUIRED APPOINTMENTS, SANCTIONS, OR COURT NOTIFICATIONS

MPW works in collaboration with the legal system when appropriate. Individuals seeking services due to a court recommendation or court order are encouraged to inform MPW staff immediately. However, we will not communicate with the court system without your written authorization unless required by law. A client involved with the legal system can choose to have his/her information remain private, and MPW will not release any information without a warrant or subpoena.

It is your responsibility to comply with your court-ordered treatment. However, understand that once authorization is given, service providers will report and/or follow-up with authorized legal personnel and inform of progress, or lack of progress, if you are or should be mandated to services.

DISCLOSURES FOR PAYMENT AND HEALTHCARE OPERATIONS ARE PERMITTED.

In all the above exceptions to client confidentiality, only the minimum information needed to comply with legal mandates or external authorities will be released.

USE AND DISCLOSURE OF YOUR INFORMATION REQUIRING AN AUTHORIZATION OF RELEASE OF INFORMATION

For this agency to release any identifying information, we must have specific written consent. For a child under 18 years or for an adult assigned a legal guardian, the legal guardian must give written consent for the release of information. MPW may contact you outside of scheduled appointments for important treatment-related communications, such as follow-up reminders or medication notifications.

CLIENT FINANCIAL RESPONSIBILITY AND BILLING

It is the policy of Modern Psychiatry and Wellness (MPW) to bill patients and applicable payers accurately and in a timely manner after services are received. During the billing and collections process, MPW staff will endeavor to provide quality customer service and timely follow-up. All outstanding accounts will be handled in accordance with the IRS and Treasury's 501(r) final rule under the authority of the Affordable Care Act.

DEFINITIONS:

Please review these common healthcare terms and examples. MPW's billing team strives to help you better understand what is covered by your insurer and what you are responsible for paying.

The following definitions were all found on [Glossary | HealthCare.gov](#).

CO-PAYMENT

A fixed amount (\$20, for example) you pay for a covered health care service after you've paid your deductible.

Let's say your health insurance plan's allowable cost for a doctor's office visit is \$100. Your copayment for a doctor's visit is \$20.

- If you've paid your deductible: You pay \$20, usually at the time of the visit.
- If you haven't met your deductible: You pay \$100, the full allowable amount for the visit.

Copayments (sometimes called "copays") can vary for different services within the same plan, like drugs, lab tests, and visits to specialists.

DEDUCTIBLE

The amount you pay for covered health care services before your insurance plan starts to pay. With a \$2,000 deductible, for example, you pay the first \$2,000 of covered services yourself.

After you pay your deductible, you usually pay only a copayment or coinsurance for covered services. Your insurance company pays the rest.

- Family plans often have both an individual deductible, which applies to each person, and a family deductible, which applies to all family members.

COINSURANCE

The percentage of costs of a covered health care service you pay (20%, for example) after you've paid your deductible.

Let's say your health insurance plan's allowed amount for an office visit is \$100 and your coinsurance is 20%.

- If you've paid your deductible: You pay 20% of \$100, or \$20. The insurance company pays the rest.
- If you haven't met your deductible: You pay the full allowed amount, \$100.

OUT-OF-POCKET MAXIMUM/LIMIT

The most you must pay for covered services in a plan year. After you spend this amount on deductibles, copayments, and coinsurance, your health plan pays 100% of the costs of covered benefits.

The out-of-pocket limit doesn't include your monthly premiums. It also doesn't include anything you spend on services your plan doesn't cover.

Non-billable codes for Commercial and Medicare Recipients: T-Codes and H-Codes are non-billable services for commercial and Medicare plans. These codes are associated with Nursing, Case Management and Urine drug screen activities. All services will be required to be paid for at the time of the service. (H2019, H2017, T1002, T1003, H0048-see Fee schedule following this policy for associated costs.)

BILLING QUESTIONS PLEASE EMAIL

MPWBILLING@MODERNPSYCH.COM



PROCEDURE:

All Clients

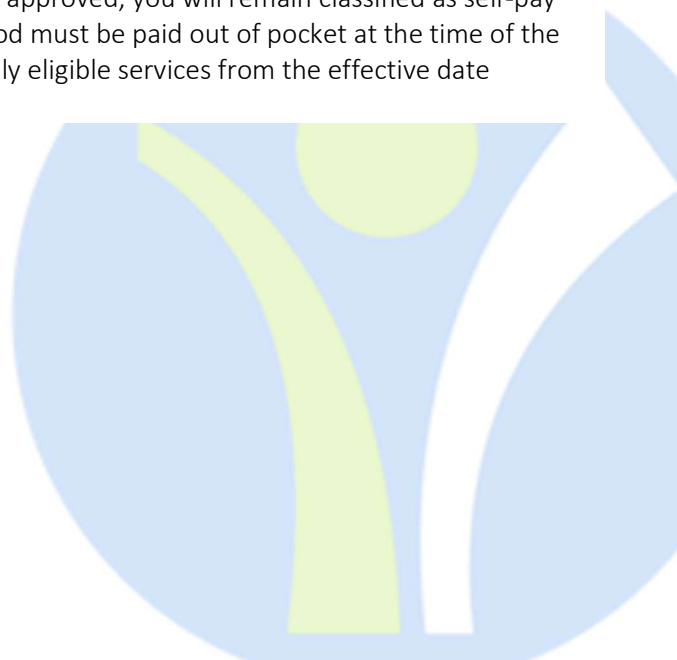
- 1) *Billing questions* should be directed to mpwbilling@modernpsych.com (preferred) or call 513-299-4054.
- 2) *Non-billable codes for Commercial and Medicare Recipients*: T-Codes and H-Codes are non-billable services for commercial and Medicare plans. These codes are associated with Nursing, Case Management, and Urine drug screen activities. All services will be required to be paid for at the time of the service. (H2019, H2017, T1002, T1003, H0048-see Fee schedule following this policy for associated costs.)
- 3) *Insurance Cards*: Clients are responsible for bringing their insurance cards to each visit and notifying Modern Psychiatry and Wellness of any changes to their coverage. Clients are responsible for ensuring that MPW and their individual practitioner are covered by their insurance provider. Failure to do so will result in self-pay status for applicable claims.
- 4) *Appointment Cancellations*: When an appointment is made, the time is reserved specifically for a client. When a client does not show up for their scheduled appointment, another client loses an opportunity to be seen. An appointment is considered a "Did Not Show"-aka DNS when you fail to cancel or reschedule 24 hours in advance of your original appointment.
 - a) Upon 3 missed appointments, MPW retains the right to discharge clients from their services.
 - b) Clients will be charged fees should they not show up for an appointment. You are responsible for the entire fee, as insurance will not cover it. The no-show fees will vary based on your type of insurance. The fees could be as high as the negotiated rates for your missed services as established by your insurance provider. This applies to all commercial, self-pay and Medicare clients.
- 5) *Copies of Medical Records*: All clients have the right to a copy of their medical records. Our offices may charge a fee if more than 10 pages are requested. The fee must be paid prior to the disclosure of the request.
- 6) *Telehealth-Services* received via telehealth are billed in the same manner as in person services. This includes collecting any applicable co-payments, deductibles, co-insurance, and self-pay that is owed due to services rendered.
- 7) *Lab work* throughout the course of care, MPW may send urine or blood samples to a variety of clinical laboratories. If a client's insurance plan contains restrictions or limitations on lab work, please make that known to our staff before your lab procedure is started or sent for processing. Clients will be responsible for the fees incurred for labs if their insurance does not pay for them. MPW has no role in or control over billing issues related to outside clinical laboratory fees. If there are questions about bills received for laboratory charges, please contact the clinical laboratory in question and/or your insurance carrier.
- 8) Should clients fail to pay the balance due on their monthly statement by the due date, client appointments may be cancelled. To prevent cancelled appointments clients must complete 1 of the following steps:
 - a) Pay the balance due.
 - b) Communicate with MPW any billing concerns and potentially apply for assistance up to and including Medicaid application.
 - c) Arrange a payment plan. (Payment Plans may be arranged but it will require a Payment Plan Recurring Credit Card Authorization Form. The intent will be to have a zero balance within 1 month. Clients will be required to pay for new services that they receive during this time as well as the payment plan.)
Clients will not be allowed to schedule future appointments until the outstanding balance has been resolved or a payment plan applied. Contact should be made to mpwbilling@modernpsych.com (preferred) and/or 513-299-4054.
- 9) By signing the acknowledgement form for the MPW Client Handbook, you are acknowledging that you have read and accept the terms and conditions stated here. You also agree to give MPW permission to release protected health information to your insurance to submit billing claims on your behalf.
- 10) All patients may request an itemized statement for their accounts at any time.
- 11) All clients must acknowledge and sign the MPW Financial Responsibility and Payment Form

CLIENTS WITH INSURANCE

- 1) Clients who carry insurance not contracted with MPW are considered self-pay clients. (See next section)
- 2) For all patients that have an insurance provider contracted with Modern Psychiatry and Wellness, MPW will bill those third-party payers (as based on information provided by or verified by the patient) in the following manner:
 - a) Upon completion of the service and the required documentation, the service will be submitted to your insurance provider for consideration.
 - b) MPW will bill your services to you after a 15-day delay to ensure adequate time for your insurance provider to review services and communicate with MPW the response to each claim, all H and T codes will be billed the day of the service.
 - c) Insured patients are responsible for paying their estimated costs at the time of their appointment. After the insurance claim is processed, patients will receive a balance bill for any remaining charges not covered by their insurance plan. These may include, but are not limited to, copayments, coinsurance, deductibles, out-of-pocket expenses, and non-covered procedures.
- 3) All insured clients who are not insured by Medicaid will be required to complete a Recurring Credit Card Payment Authorization form upon entrance to service, annually thereafter and update as your credit card (CC) information changes. Your CC will be used in the manner described on the Recurring Credit Card Payment Authorization Form.
 - a) An HSA (Health Savings Account) may be stored on file but must be accompanied by a CC or Debit Card as an HSA card cannot be billed for late cancelations or no shows. Your HSA will be your default payment source for all other charges.
 - b) A Recurring ACH Payment Authorization Form transfer will be allowed in limited circumstances and only upon review and approval from the manager and/or director of financial services.

SELF-PAY CLIENTS

- 1) For clients that are self-pay, payment is due at the time services are rendered. Clients that have an insurance provider or individual MPW practitioner/clinician not contracted with MPW are considered self-pay. The fee for service is due and payable at the beginning of each service. Payment will be collected for anticipated and/or scheduled services at the time of service. If there is a change in those service charges a credit/balance will be reflected on the monthly statement.
- 2) MPW will provide a statement for patients that are insured under plans not contracted with MPW. Email mpwbilling@modernpsych.com with questions or to request a statement.
- 3) All self-pay clients will be required to have a Recurring Credit Card Payment Authorization form upon entrance to service, annually thereafter and update upon your CC information changing.
 - a) Your CC will be used in the manner described below:
 - i) Services that will be billed on the day of service or in the immediate days following are copayments, no show fees and late cancellation fees.
 - b) An HSA (Health Savings Account) may be stored on file but must be accompanied by a CC or Debit Card as an HSA card cannot be billed for late cancelations or no shows. Your HSA will be your default payment source for all other charges.
 - c) A Recurring ACH Payment Authorization form transfer will be allowed in limited circumstances and only upon review and approval from the manager and/or director of financial services.
- 4) If you have applied for Medicaid and your application has not yet been approved, you will remain classified as self-pay until your Medicaid coverage is confirmed. All services during this period must be paid out of pocket at the time of the service. Once your Medicaid application is approved, coverage will apply eligible services from the effective date determined by Medicaid.





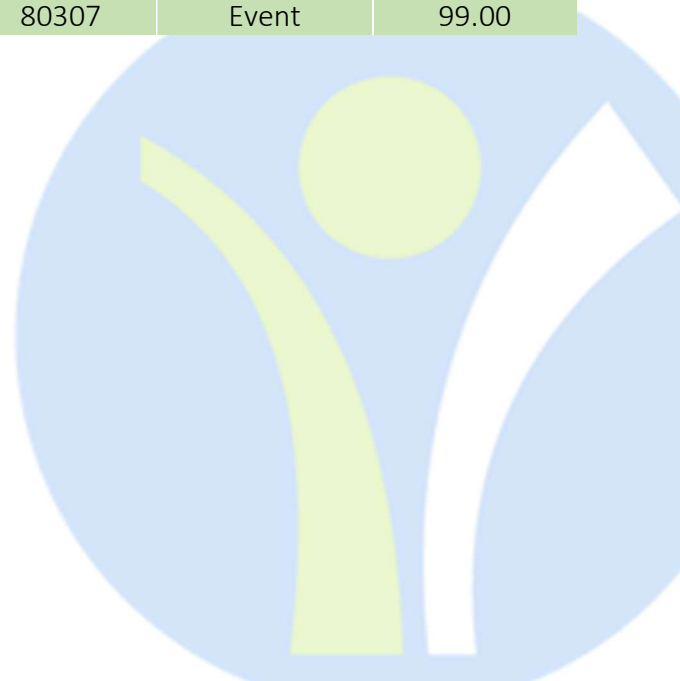
COLLECTION ACTIVITY

- 1) If a patient disputes his or her account and requests documentation regarding the bill, staff members will provide the requested documentation in writing within 10 business days (if possible) and will hold the account for at least 30 days before referring the account for collection.
- 2) General collection activities may include:
 - a) Referring patient balances to a third party for collection at the discretion of Modern Psychiatry and Wellness.
 - b) Follow-up phone calls regarding statement balances
- 3) Accounts will be referred for collections only under the following conditions:
 - i) There is a reasonable basis to believe the patient owes the debt.
 - ii) All third-party payers have been properly billed, and the remaining debt is the financial responsibility of the patient.
 - iii) Modern Psychiatry and Wellness will not refer accounts for collection where the patient has initially applied for financial assistance.
- 4) If a patient has an outstanding balance for previously provided care that has not been paid by statement due date, Modern Psychiatry and Wellness may engage in the collection activity of deferring, denying, or requiring payment before providing additional medically necessary (but non-emergent) care.
- 5) Financial Services Management at MPW is ultimately responsible for determining if an individual is eligible for financial assistance and has final authority for deciding whether the organization may proceed with any of the collection activities outlined in this policy.

FEE SCHEDULE

***Sliding Fee Schedule available based on income and qualifications

Service	Code	Unit	Rate
Below information is the usual and customary charges. The amounts can vary based on complexity, practitioner, changes in health care rates. Please contact mpwbilling@modernpsych.com with questions.			
SUD Withdrawal Management	H0014	Hourly	406.02
SUD Withdrawal Management	H0012	Daily	540.54
MH/Dual Intake Diagnostic Eval w/o medical	90791	Event	166.67
MH/Dual Intake Diagnostic Eval w Medical	90792	Event	216.53
Case Management	H0006	15 min	29.31
Case Management	H0006	60 min	117.24
Group Counseling-MH or SUD	H0005	15 Min	14.06
Group Counseling-MH or SUD	H0005	60 min	56.22
Individual Psychotherapy	90832	30 min	98.45
Individual Psychotherapy	90834	45 min	104.61
Individual Psychotherapy	90837	60 min	153.47
Individual Psychotherapy-Crisis	90839	60 min	218.93
Family Therapy-Family w/o client	90846	50 min	130.41
Family Therapy-Family w client	90847	50 min	128.42
Intensive Outpatient (IOP)	H0015	121 min	224.82
E/M New Patient (Dr. or NP visit) in office	99205	60 min	355.38
E/M New Patient (Dr. or NP visit) in community	99205	60 min	383.36
E/M Established Patient (Dr. or NP visit) in office	99215	60 min	247.73
E/M Established Patient (Dr. or NP visit) in community	99215	60 min	308.69
E/M Prolonged Visit	99205	each 15 min	57.80
SUD Nursing Services-in office	T1003	Event	47.88
SUD Nursing Services-in community	T1003	Event	61.50
Injection-Nurse (does not include cost of medication)	96372	Event	32.09
SUD PH Group Counseling	H0015 TG	181 min	337.23
BV -Lab Test-Urine	H0048	Event	21.72
BV-Lab Test-Pregnancy	81025	Event	18.00
BV-Lab Test-Breathalyzer	82075	Event	39.00
MPW-Pre UDS (lab confirmation of cup result)	80307	Event	99.00





RESOURCE LIST

Crisis Support

- Crisis Care and Intervention Program Butler County 24 hours/7 days per week 1-844-427-4747
- Suicide and Crisis line 988
- Emergency services 911
- You may also speak with one of your Modern Psychiatry and Wellness staff members for additional information regarding crisis resources or if you need additional support.

Treatment Services in Butler County

- **Access Counseling Services**
4464 S. Dixie Hwy Middletown, OH 45005 (513) 649-8008
- **Butler Behavioral Health Services**
Hamilton Counseling Center 1490 University Blvd., Hamilton, OH 45011 (513) 896-7887
Middletown Counseling Center 1131 Manchester Ave. Middletown, OH 45044 (513) 422-7016
- **Community Behavioral Health**
820 S. MLK Blvd. Hamilton, OH 45011 (513) 887-8500
- **Transitional Living, Inc (MH only)**
2052 Princeton Rd, Hamilton, OH 45011 (513) 863-6383
1131 Manchester Ave, 2nd floor Middletown, OH 45042 (513) 422-4004
- **CDC Behavioral Health Services**
2250 Pleasant Ave, Hamilton, OH 45015 (513) 868-1562
1239 Central Ave, Middletown, OH 45044 (513) 737-1247
- **Brightview**
5108 Sandy Lane, Fairfield, OH 45014 (513) 834.7063
- **Butler County Mental Health and Addiction Recovery Services board – (513) 860-9240**
For assistance in finding mental health and substance use treatment resources in Butler County
- You may also speak with one of your Modern Psychiatry and Wellness staff members if you need assistance in finding additional treatment services.

Psychiatric Advanced Directives - <https://www.disabilityrightsohio.org/advance-directives>

- See website above for information on how to create Psychiatric Advanced Directives when you lack capacity to make your own health care decisions.
- You may also speak with one of your Modern Psychiatry and Wellness staff members if you would like more information on creating Advanced Directives.

We are here to help!

Please let one of our staff members know if you need additional resources!

TUBERCULOSIS

WHAT IS TB?

TB is short for tuberculosis. TB is a serious disease that can cause a person to become very sick if not treated with medicine. TB usually affects the lungs, but it sometimes affects other parts of the body.

How did I get TB disease?

- TB is spread through the air from one person to another. The TB germs are passed through the air when someone who is sick with TB disease coughs, laughs, sings, or sneezes.
- If you breathe air that has TB germs, you may get TB infection. This means you have only dormant (sleeping) TB germs in your body. These dormant germs are not making you sick, and you cannot pass these germs to anyone else.
- TB can cause death if not treated with medicine.

For more information on TB visit the CDC Division of Tuberculosis Elimination website at

<http://www.cdc.gov/tb>

HIV

What is HIV?

- HIV (human immunodeficiency virus) is a virus that attacks the body's immune system. If HIV is not treated, it can lead to [AIDS](#) (Acquired immunodeficiency syndrome).
- There is currently no effective cure. Once people get HIV, they have it for life.
- But with proper medical care, HIV can be controlled. People with HIV who get [effective HIV treatment](#) can live long, healthy lives and protect their partners.

For more information about HIV visit the CDC website at <https://www.cdc.gov/hiv>

HEPATITIS

What is Hepatitis?

Hepatitis means inflammation of the liver. The liver is a vital organ that processes nutrients, filters the blood, and fights infections. When the liver is inflamed or damaged, its function can be affected. Heavy alcohol use, toxins, some medications, and certain medical conditions can cause hepatitis. However, hepatitis is often caused by a virus. In the United States, the most common types of viral hepatitis are **hepatitis A, hepatitis B, and hepatitis C**.

For more information on each type of Hepatitis, Causes, Facts and Prevention, visit the CDC website at <https://www.cdc.gov/hepatitis/abc/index.htm>

