

TREATMENT CONSENT

GENERAL PRACTICE POLICIES

- I, _____, give my consent to Alex S. Lin, M.D. to furnish psychiatric treatment, psychotherapy and/or medication and to bill my insurance (if he is an in-network provider).

Initial: _____

- I understand that Dr. Lin does not provide “split” treatment with a therapist with whom he does not already have a working relationship. If I am already working with a therapist, my therapist will need to contact Dr. Lin to arrange a telephone consultation before I schedule an intake appointment.

Initial: _____

- I understand that I might, at Dr. Lin’s discretion, be discharged from the practice under the following conditions:
 - o 3 or more late cancellations or missed appointments
 - o Failure to make full payment in a timely manner
 - o Lack of follow-up or communication for 6 or more months
 - o If I decline or withdraw consent for verbal communication with my psychotherapist
 - o If I significantly misrepresent my history in a way that affects treatment recommendations

Initial: _____

- If I miss the initial evaluation, I understand I will not be re-scheduled and will need to find another provider.

Initial: _____

MEDICATION

- I understand that I should speak with Dr. Lin if I have any questions about the medication(s) or if I have side effects.

Initial: _____

- I understand that I should call Dr. Lin directly if I need medication refill(s) because he does not respond to faxed refill requests from the pharmacy.

Initial: _____

- I understand that Dr. Lin may decline to refill my medication(s) if I missed my last appointment and that I may need to have an appointment prior to receiving a refill.

Initial: _____

LEGAL DISCLOSURES

- I understand that content of sessions is confidential except in the following situations: in cases where I may be a danger to myself or others, in cases of suspected child or elder abuse, or in cases where I may be incapable of taking care of myself.

Initial: _____

NOTICE TO PATIENTS

Medical doctors are licensed and regulated by the Medical Board of California. To check up on a license or to file a complaint go to www.mbc.ca.gov, email: licensecheck@mbc.ca.gov, or call (800) 633-2322

- I have read and understand the above notice.

Initial: _____

- The Open Payments database is a federal tool used to search payments made by drug and device companies to physicians and teaching hospitals. It can be found at <https://openpaymentsdata.cms.gov>.

For informational purposes only, a link to the federal Centers for Medicare and Medicaid Services (CMS) Open Payments web page is provided here. The federal Physician Payments Sunshine Act requires that detailed information about payment and other payments of value worth over ten dollars (\$10) from manufacturers of drugs, medical devices, and biologics to physicians and teaching hospitals be made available to the public.

I have read and understand the above notice.

Initial: _____

- I have read and understand the following Fee Schedule (“No Surprises Act”) and have initiated that page.

Initial: _____

I have read and accepted the terms of this agreement and hereby enter into it.

Patient Signature: _____

Date: _____

FEE SCHEDULE (“No Surprises” Act)

You, the patient, are responsible for the charges incurred for treatment and other services. If your **primary insurance** is **Optum/United Behavioral Health, Aetna, or Anthem (UC SHIP only)** the maximum charge you may incur is listed (the actual charge is based on complexity and on whether you need to meet a deductible).

Dr. Lin will provide you with an estimate of your co-pay or co-insurance after he has verified your benefit; you may request this in writing.

The actual cost is unknown until the claim has been fully processed, but the estimate is generally accurate.

If Dr. Lin is not in-network with your insurance, the fee schedule listed below (“full fee schedule”) will apply.

Visit type	Full fee	Optum negotiated fee	Aetna negotiated fee	Anthem negotiated fee
<i>Initial evaluation</i> (60-90 minutes)	\$475	Maximum of \$293.54	Maximum of \$279.86	Maximum of \$294.12
<i>Psychotherapy and evaluation/management</i> (16 – 37 minutes; typically 20-25 minutes)	\$260	Maximum of \$216.54	Maximum of \$222.59	Maximum of \$248.94
<i>Psychotherapy and evaluation/management</i> (38 – 52 minutes; typically 40 – 45 minutes)	\$350	Maximum of \$238.37	Maximum of \$260.39	Maximum of \$274.12

Other charges:

- Any service outside of the appointment requiring more than 5 minutes: pro-rated charge of \$350 per hour (including the first 5 minutes). The only standard exception to this is communication with other healthcare providers (for which there is no charge).
- Printing medical records: \$0.25/page + \$15 clerical fee
- Returned check fee: prevailing bank rate

Payment is either due at the end of each session or within 30 days of the invoice (Dr. Lin will inform you which payment schedule applies to you). Dr. Lin does not accept virtual credit-card payment from HSA plans. If you wish to utilize HSA benefits, please request that the HSA send Dr. Lin a check.

If your **secondary** insurance coverage is with Optum/United Behavioral Health or Aetna, **the full fee schedule applies**. You will need to submit the invoice to your primary insurance, and Dr. Lin will attempt to submit the processed claim to Optum or Aetna for secondary processing. **Secondary processing cannot occur unless the invoice is first submitted to the primary insurance.**

No-show and late cancellation

Missed appointments and sessions that are not cancelled at least **48 full hours** in advance will be billed at the **full fee schedule** (or at the full negotiated in-network rate for patients who have Optum/United Behavioral Health or Aetna as their primary insurance because insurance will not reimburse any amount for a missed appointment).

This policy includes cancellation caused by patient illness, except in the case of medical emergencies (resulting in hospitalization).

Initial: _____