

New Client Registration Information

Client's Name _____

Alternate Name _____

Client's Date of Birth _____ Client's Social Security Number _____

Sex: Male/Female/Other: _____ Marital Status: Single /Married/Other: _____

Employment Status: Employed/Unemployed/Student/Other: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Best Form of Contact:

Cell: _____ - _____ - _____ May we leave a message? Yes or No

Home: _____ - _____ - _____ May we leave a message? Yes or No

Email Address: _____ Paper or Electronic Statements

Preferred Reminder (please circle one): Email/Text/Phone

If client is a minor, please include the following information:

Name: _____

Name: _____

Relationship to Client: _____

Relationship to Client: _____

Primary Emergency Contact: ___ Yes or ___ No

Secondary Emergency Contact: ___ Yes or ___ No

Parent/Guardian DOB: _____

Parent/Guardian DOB: _____

Parent/Guardian SSN: _____

Parent/Guardian SSN: _____

Address: _____

Address: _____

City: _____ State: _____ Zip Code: _____

City: _____ State: _____ Zip Code: _____

Best Contact Number: _____

Best Contact Number: _____

In the case of an emergency, please list at least one individual Mental Edge Counseling, LLC. may contact on behalf of the client. If client is a minor, parent/guardian may list additional individuals.

1. Name: _____ Relationship to Client: _____

Best Contact Number: _____

2. Name: _____ Relationship to Client: _____

Best Contact Number: _____

Please list at least one individual Mental Edge Counseling, LLC. is authorized to speak to regarding financial, insurance, appointment, and medical information. Mental Edge Counseling, LLC. will only discuss information with individuals listed below. Check the box if same as above.

1. Name: _____ Relationship to Client: _____

Best Contact Number: _____

2. Name: _____ Relationship to Client: _____

Best Contact Number: _____

Please indicate the following information:

Primary Care Physician/Primary Care Manager:

Name/Office: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Fax Number: _____

May we communicate with the client's primary care physician? Yes or No

Pharmacy:

Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Telephone Number: _____

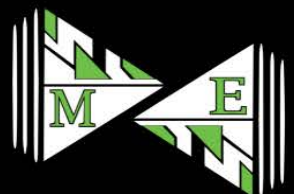
Mental Health Treatment Provider (if applicable):

Name/Office: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Fax Number: _____

***It is our office policy to communicate with the mental health treatment provider, if applicable. Please complete a Release of Information.**



Insurance Information

Please make sure to list all of the client's insurance information correctly. Mental Edge Counseling, LLC. will submit all claims to the insurance company on the client's behalf. Please be advised that it is the responsibility of the client, parent, or guardian to know the insurance benefits. Mental Edge Counseling, LLC. will make every attempt to obtain the insurance benefits; however, if there are any questions regarding the insurance coverage or policy, please contact the insurance carrier at the number on the back of the insurance card.

Primary Insurance: _____

Member/Policy Number: _____

Group/Account Number: _____

Behavioral/Mental Health Telephone Number: _____

Policyholder's Name: _____ Relationship to Client: _____

Policyholder's Address: _____

City: _____ State: _____ Zip Code: _____

Policyholder's Telephone Number: _____

Policyholder's Date of Birth: _____ Policyholder's SSN: _____

Secondary Insurance: _____

Member/Policy Number: _____

Group/Account Number: _____

Behavioral/Mental Health Telephone Number: _____

Policyholder's Name: _____ Relationship to Client: _____

Policyholder's Address: _____

City: _____ State: _____ Zip Code: _____

Policyholder's Telephone Number: _____

Policyholder's Date of Birth: _____ Policyholder's SSN: _____

Tertiary Insurance: _____

Member/Policy Number: _____

Group/Account Number: _____

Behavioral/Mental Health Telephone Number: _____

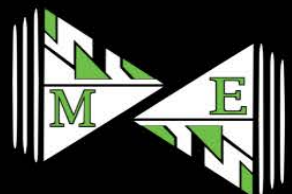
Policyholder's Name: _____ Relationship to Client: _____

Policyholder's Address: _____

City: _____ State: _____ Zip Code: _____

Policyholder's Telephone Number: _____

Policyholder's Date of Birth: _____ Policyholder's SSN: _____



Assignment of Benefits

Client's Name: _____

Date of Birth: _____

Financial Responsibility

I understand that insurance billing is a service provided as a courtesy and that I am at all times financially responsible to Mental Edge Counseling, LLC. for any charges that are deemed as a noncovered benefit. It is my responsibility to notify Mental Edge Counseling, LLC. of any changes in my health care coverage. In some cases, exact insurance benefits cannot be determined until the insurance company receives the claim. I am responsible for the entire bill or balance of the bill as determined by Mental Edge Counseling, LLC. and/or my insurer if the submitted claims or any part of them are denied for payment. I understand that by signing this form that I am accepting financial responsibility as explained above for all payment of services and/or treatment provided. I understand that I am responsible for any balance not covered or unpaid by my insurance company. I understand that these fees are subject to change and this Fee Schedule may not include all codes, services, or fees in which my insurance may be billed. Mental Edge Counseling, LLC's Fee Schedule is available upon request.

Signature: _____

Date: _____

Assignment of Benefits

I authorize direct remittance of payment of all insurance benefits, including Medicaid and Medicare, to Mental Edge Counseling, LLC. for all covered services provided to me during all courses of treatment and care provided. I understand and agree this Assignment of Benefits will have continuing effect for so long as I am being treated by Mental Edge Counseling, LLC., and will constitute a continuing authorization of any insurance policy that is in effect at the time of service, maintained on file with Mental Edge Counseling, LLC., which will authorize and allow for direct payment to Mental Edge Counseling, LLC. of all applicable and eligible insurance benefits for all subsequent and continuing treatment, services, and care provided. This serves as a lifetime consent for Medicare.

Signature: _____

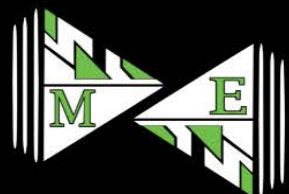
Date: _____

Informed Consent

I authorize Mental Edge Counseling, LLC. to release information from the medical records of the above-mentioned client for the purpose of accessing insurance benefits. This information may include diagnoses and dates and type of treatment received. Additional information may be requested before claim payment is made and may include, but not limited to, items such as the intake report, treatment plan, progress notes, medications prescribed, and discharge report. I have read and understand the policies and procedures included in the Client Welcome Packet for Mental Edge Counseling, LLC. and I accept the conditions for receiving services from this practice. I have received the Mental Edge Counseling, LLC. Notice of Privacy Practices and understand that a copy will be available upon request during normal business hours.

Signature: _____

Date: _____



Patient Acknowledgement Receipt of Privacy Practice

I, _____, hereby acknowledge that I have received and reviewed a copy of this office's Privacy Practice Notice explaining:

- How this office will use and disclose my protected health information.
- My privacy rights with regard to my protected health information.
- The office's obligations concerning the use and disclosure of my protected health information.

I understand that the Notice of Privacy Practice may be revised periodically, and I am entitled to receive a revised copy of the Notice of Privacy Practice upon request.

I also acknowledge that if I have any questions or complaints, that I may contact:

Compliance Officer
1198 S. Governors Ave. Bldg. A, Ste. 201
Dover, DE 19904
302-382-8698

You may also contact the Secretary of the U.S. Department of Health and Human Services with any concerns regarding our privacy and security policies and procedures. Please contact our office for information on how to contact the Department of Health and Human Services.

Patient or Personal Representative

Signature: _____ Date: _____

Name: _____

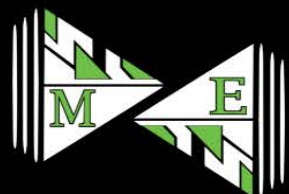
Relationship to Patient: _____

-----For Office Use Only-----

We made a good-faith effort to obtain an acknowledgement of _____'s receipt of our Notice of Privacy Practices. In spite of these efforts, our office has been unable to obtain a signed acknowledgement of receipt for the following reasons (check all that apply):

- Patient refused to sign (date of refusal) _____.
- Communication barriers prohibited obtaining an acknowledgement.
- Other: _____

Attempt was made by: _____ Date: _____



Important Policies and Procedures Acknowledgement

The team at Mental Edge Counseling, LLC appreciates you for choosing us to be on this wellness journey with you! We have developed this Acknowledgement to review and outline important policies and procedures. The detailed information for these policies and procedures can be found in the Welcome Letter packet that you received. If you have any additional questions or concerns, please speak with your treatment provider or a member of the Frontline.

Insurance Benefits and Settling of Balances

Verifying your benefits does not always guarantee that your insurance company will cover certain services. Insurance companies always explain that any verification of covered services is not a guarantee of payment. Payment and coverage are determined by several factors once a claim is received. Once the insurance company has received the claim, they will determine payment based on certain criteria. The billing code, as well as the diagnosis code that we submit to your insurance company will be for the actual service provided. Unfortunately, we are unable to change the billing code or diagnosis code in an attempt to receive payment from the insurance company. All service(s) not covered by your insurance or any insurance denials will be your responsibility. There may be times where the insurance company processed a claim in an unexpected manner. Here are a few examples:

- A claim may be processed differently than what was expected; therefore, leaving a higher out-of-pocket expense.
- There are times when a claim is not paid at all from the insurance company; therefore, leaving the client completely responsible for the full balance.
- Insurance benefit verification is not a guarantee of coverage or payment and if the insurance company denies the claim based on the service type, treatment, or diagnosis, then the client will be fully responsible for the payment.

Initial: _____

No Show and Late Cancellation Fees

When an appointment has been made, that specific day and time has been reserved for the client. All appointments are required to be cancelled at least 24 business hours (after hours, weekends, and holidays do not constitute business hours) prior to the appointment. If the appointment is not cancelled within the allotted time or the client misses the scheduled appointment, a no show or late cancellation fee of \$100.00 will be applied to the account. It is important to understand that insurance companies do not provide reimbursement for missed appointments or late cancellations. These fees will be expected to be paid prior to the next appointment. If a credit card is on file, that account will be charged for this fee. If three (3) or more appointments are missed within a 90-day period, client will be subject to discharge from the practice. Please be advised that Mental Edge Counseling, LLC does send out appointment reminders as a courtesy via text, phone, or email. However, it is still your responsibility to remember your scheduled appointment(s).

Initial: _____

Medical Records

As a courtesy for current clients, Mental Edge Counseling, LLC. will fax, email, or mail any authorized medical records to another provider, physician, or agency as a courtesy for your continuity of treatment. However, if you are requesting a personal copy of your medical records or are no longer a client with our office, there will be a medical records fee applied to your account. The fee will need to be paid prior to receiving your medical records. Mental Edge Counseling will charge the following fees:

- \$2.00 per page for pages 1-10
- \$1.00 per page for pages 11-20
- \$0.90 per page for pages 21-60
- \$0.50 per page for pages 61-above
- Actual cost for postage or shipping.

Initial: _____

Court Fees

Please be advised that if you anticipate a court case or are currently involved in a case and will require your provider's participation there will be a minimum fee of \$200.00 per hour. There is a two (2) hour minimum, so even if your provider is present for 15 minutes, the fee will be \$400.00. There will also be a charge of \$150 per hour for preparation as well as travel expenses. Participation via telephone or virtually, will also acquire the same fees. Mental Edge Counseling, LLC. also requires a 50% deposit prior to the court date. There may be additional charges associated with Court Ordered Services at which time all parties will be required to sign an additional fee and consent form outlining those services.

Initial: _____

Collection Fees

Mental Edge Counseling, LLC will send a minimum of three (3) statements to the email or mailing address on file. After 60 days, the account will receive a pre-collection notice to the mailing address on file. If the account remains unpaid after 90 days, we will send your account to a collection agency. By doing so, we will have to add a 38% collection fee to your account. Once the account is turned over to the collection agency, the balance must be paid in full before you are able to return as a client. When the account is sent to collections, the client will receive a discharge notice to the mailing address on file and any future appointments will be cancelled. Please understand, that by sending the account to an outside collection agency, your treatment with our office may become public record. We want to be able to work with you on your balance, so if you feel that you are unable to pay the full balance when due, please contact us to avoid having the account sent to collections.

Initial: _____

Letters or Paperwork

Mental Edge Counseling, LLC. understands that there may be instances when your treatment may require your provider to write a letter or to complete paperwork. If this should arise, there will be a fee that will be applied to the account. This fee is not billed to your insurance company; the balance is your responsibility. There is a minimum fee of \$35.00 for a typed letter and additional pages will be a fee of \$10.00. For any documentation that needs to be completed, there will be a fee of \$10.00 per page. These fees will need to be paid in full before you are able to receive the information.

Initial: _____

Returned Check Fee

If a check has been returned due to insufficient funds, a Returned Check Fee of \$40.00 will be applied to each returned item.

Initial: _____



Prescription rewrite Fee

In the event that a medication provider has to rewrite a prescription because it has expired, there will be a \$15.00 prescription rewrite fee. This fee will need to be paid prior to picking up the prescription. Please be aware that this fee is not covered under insurance.

Initial: _____

Refill Requests

If you require a medication refill, please contact our office 72 business hours prior to running out of medication(s) to allow your medication provider adequate time to review the request. There may be a fee associated with this request or an appointment may need to be scheduled. Controlled substances will not be refilled early. If a prescription has been stolen, our office requires a police report to be on file. However, it is the discretion of the medication provider if the refill request will be granted.

Initial: _____

Prior Authorizations

If a prior authorization is required by your insurance company to cover a specific medication, please allow 72 business hours for the authorization to be received, reviewed, completed, and approved. You will need to allow for additional time if the prior authorization is denied. Our office will contact you once the authorization has been approved.

Initial: _____

Pharmacy

Our office will only send prescriptions to one pharmacy. Please make sure that you have given the correct pharmacy information to your medication provider.

Initial: _____

Medication Appointment - Late arrivals

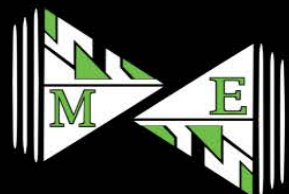
Unfortunately, due to time constraints, if you are more than five (5) minutes late to your medication management appointment, you will not be able to be seen. This will result in a late cancellation fee of \$100.00 and your appointment will need to be rescheduled. It will be up to the discretion of the medication prescriber if they will refill any medication refill request.

Initial: _____

Office Communication

As a courtesy, Mental Edge Counseling, LLC will send appointment reminders via text, phone calls, or emails. These reminders are sent 48 hours in advance. We will use the primary telephone number, cell phone number, and email address on file for all communications. Please make sure to confirm your appointments so that our office knows that you plan to keep your appointment, although this is not a requirement, it is a suggestion. If you do not wish to have our office communicate with you using the contact information on file, please make your treatment provider or a member of the Frontline aware. By signing this document, you are providing consent to Mental Edge Counseling, LLC. to provide office related correspondence to the contact information provided.

Initial: _____



Student Intern / Supervision Shadowing Consent

Mental Edge Counseling provides learning and professional development opportunities for student interns through first-hand participation and/or observation in therapy sessions. An internship assignment with Mental Edge Counseling allows students to gain practical skills and an understanding of the mental health field, as well as the rewards and challenges of a career at Mental Edge Counseling. We accept a limited number of interns from accredited programs across many universities. Mental Edge Counseling has a formalized and highly competitive process for recruitment, screening, matching, monitoring and evaluating all interns. This shadowing and internship process allows the creation of competent future licensed therapists in the field and here at Mental Edge Counseling.

Mental Edge Counseling may allow students a shadowing opportunity, which allows for an individual to follow or 'shadow' a licensed therapist in their normal workplace for a period of time to observe their role, how it is performed, and what it entails. A clinical supervisor overseeing the student intern may also shadow the intern during sessions in an effort to ensure strong continuity of care that upholds Mental Edge Counseling's standards. Any and all individuals involved in this shadowing process hold the same obligation to protect our client's privacy.

By initialing below, you are giving your consent for a student intern and/or clinical supervisor to potentially shadow a session of yours. You may withdraw this consent at any time.

Initial: _____

Mental Edge Counseling Staff / Client Respect

Mental Edge Counseling has a ZERO TOLERANCE policy for aggressive, violent, or abusive behavior towards our staff or other clients. This behavior will result in notification to the local law enforcement and an immediate discharge from the practice. You may be charged a late cancel fee depending on the dates of your future appointments.

Initial: _____

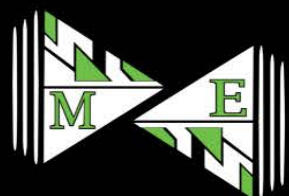
I have reviewed the Welcome Letter Packet and acknowledge the Important Policies and Procedures listed above. By signing below, I understand and agree to comply with all of Mental Edge Counseling, LLC.'s policies and procedures. If you have any questions or concerns, please contact our office at 302-382-8698.

Client's Name: _____

Client's Date of Birth: _____

Client/Patient/Guardian's Signature: _____

Date: _____





Medication Reconciliation

Mental Edge Counseling, LLC wants to ensure that our clients receive the best treatment possible as well as meet the requirements for National and Delaware laws. Please know that our office will gather information regarding prescription history. We ask that you complete this form to the best of your ability as well as give our office consent to review your prescription history on the Delaware Prescription Monitoring Program.

Medications: Please list all prescribed medications that you are currently taking for health conditions:

Medication	Dose	Prescriber

Mental Health Medications: Please list all mental health medications you have been prescribed currently or in the past, whether they are/were helpful or not, and side effects:

Medication	Dose	Helpful/Not Helpful		Side Effects
		Helpful	Not Helpful	

Allergies: Please list all food and/or drug allergies, indicate the severity, and explain the symptoms/reaction you experience:

Allergen (food/drug)	Severity			Symptoms/Reaction
	Mild	Moderate	Severe	

Client's Name: _____ Client's Date of Birth: _____

Client/Parent/Guardian signature: _____

Date: _____

Mental Edge Counseling, LLC Fee Schedule

Please be advised that fees not paid or covered by a client's insurance company, is subject to the client or guardian's responsibility. The fees listed below are the fees in which Mental Edge Counseling, LLC uses to bill all insurance companies as well as the rates for all self-pay services. These fees are subject to change without notice. Mental Edge Counseling, LLC will make every effort to update this Fee Schedule well in advance. This Fee Schedule may not include all applicable codes, services, or fees in which insurance may be billed. This is the current Fee Schedule as of September 28, 2022.

Code	Appointment Type	Cost
90791	Psychiatric Diagnostic Evaluation without Medication Services	\$230
90792	Psychiatric Diagnostic Evaluation with Medication Management	NP - \$230/ DR- \$300
90837/90838	Individual Psychotherapy 60 minutes	\$220
90834/90836	Individual Psychotherapy 45 minutes	\$170
90832 /90833	Individual Psychotherapy 30 minutes	\$150
90846	Family Psychotherapy without patient present	\$220
90847	Family Psychotherapy with patient present	\$220
90853	Group Therapy	\$100
90785	Interactive Complexity	\$70
99213	15 Minute Medication Management Evaluation	\$170
99214	30 Minute Medication Management Evaluation	\$200
99215	40 Minute Medication Management Evaluation	\$250
	Psychological Testing	Per Unit (Hour) - \$200
99354	60-minute Prolonged Therapy Session	\$250
99355	30-minute Prolonged Therapy Session	\$200

I fully acknowledge Mental Edge Counseling, LLC.'s Financial Policy outlined above. I understand that I am responsible for any balance not covered or unpaid by my insurance company.

Client's Name: _____

Client's Signature: _____

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____

Date: _____

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Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

Please review it carefully.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

continued on next page

Your Rights *continued*

Ask us to limit what we use or share

- You can ask us **not** to use or share certain health information for treatment, payment, or our operations.
 - We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.
 - We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting **www.hhs.gov/ocr/privacy/hipaa/complaints/**.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory
- Contact you for fundraising efforts

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures

How do we typically use or share your health information? We typically use or share your health information in the following ways.

Treat you

- We can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization

- We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

Bill for your services

- We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

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How else can we use or share your health information? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

- We can share health information about you for certain situations such as:
 - Preventing disease
 - Helping with product recalls
 - Reporting adverse reactions to medications
 - Reporting suspected abuse, neglect, or domestic violence
 - Preventing or reducing a serious threat to anyone’s health or safety

Do research

- We can use or share your information for health research.

Comply with the law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.

Respond to organ and tissue donation requests

- We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers’ compensation, law enforcement, and other government requests

- We can use or share health information about you:
 - For workers’ compensation claims
 - For law enforcement purposes or with a law enforcement official
 - With health oversight agencies for activities authorized by law
 - For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

This Notice of Privacy Practices applies to the following organizations.

Welcome to Mental Edge Counseling, LLC.!

Thank you so much for choosing Mental Edge Counseling, LLC. to be a part of your healthcare team. We are here to assist you in learning strategies to improve your health and to live well and to assist you and your family in your behavioral healthcare needs. We appreciate you placing your trust in us to support you in your wellness journey!

This document contains important information about what you can expect from Mental Edge Counseling, LLC. regarding professional services and business policies. Delaware law requires that we obtain the client/parent/guardian signature indicating that this information was provided to you.

After reviewing this documentation, please make sure to sign and/or initial in all the appropriate areas. If you are to have any additional questions or concerns, please make sure to speak with your treatment provider or a member of our Frontline Team.

Sincerely,

The Mental Edge Counseling, LLC. Team

Mission, Vision and Values Policy

Mental Edge Counseling, LLC.'s mission is more than behavioral health services. Our goal is to provide modern approach that produce results in a manner that develops a strong relationship and an inviting experience for our clients during every phone call and every visit.

Vision for the Community:

We envision a community in which all people, regardless of age, race, gender, sexual preference, religious beliefs, disability, or financial status have access to a comprehensive array of behavioral health services that are of the highest quality. We envision a community of understanding, patience, and compassion, in which responds effectively and respectfully to the specific needs to all community members.

Vision for People We Serve:

We envision an eclectic community support system to help families and individuals lead healthy, fulfilling, and productive lives. We strive to create a strong, dynamic and flexible organization that is a model in the provision of behavioral and mental health services. We envision Mental Edge Counseling, LLC. as a leader in advocacy and education on behalf of our clients.

Values:

We value the individual:

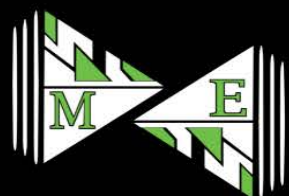
At Mental Edge Counseling, LLC., the dignity and rights of each individual is respected. We believe that everyone has the right to the best behavioral health services available, regardless of their position. We believe that all people have the right to enjoy full and productive lives. We believe in building power in individuals to reach their full potential.

We value our staff and volunteers:

We commit to excellence and diversity among our contractors, staff, and volunteers. We build on our strengths and encourage teamwork, flexibility, innovation, and professional growth. We conduct our services and activities in accordance with the highest ethical and professional standards.

We value community and family:

We strive to continually improve our services and therapeutic techniques, always maintaining our sense of accountability and responsibility to the community and individuals we serve. We develop new methods and strategies that respond to the changing needs of our community. We support family members in developing meaningful roles in the care of their loved ones. We collaborate and partner with other agencies, service providers, schools and faith-based organizations to realize our shared vision for a healthy community.



Client Rights & Responsibilities

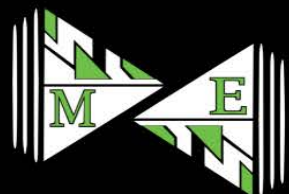
Mental Edge Counseling, LLC. shall provide to all clients certain rights which apply without regard to race, color, religion, gender, sexual orientation, national origin or disability. These rights cover conditions, benefits and privileges on an equal opportunity basis. This document summarizes specific rights you have as a client, as provided by Federal and Delaware state statutes and rules, as well as specific responsibilities that you bear.

Your Rights:

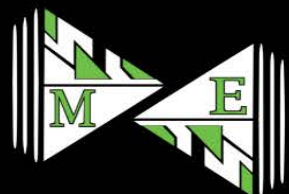
1. You have the right to be treated with respect and dignity, in recognition of your individuality and preferences.
2. You have the right to quality care and treatment that is fair and free from discrimination.
3. Relatives or a legal representative may act on your behalf to exercise these rights when you are unable to do so yourself, with proper identification and power of attorney.
4. You have the right to:
 - a. Privacy in treatment and personal care needs.
 - b. Be free from the intentional infliction of physical, mental, or emotional harm when not medically indicated, exploitation, restraints, and sexual abuse/assault. You will be free of neglect, coercion, manipulation, and seclusion.
 - c. Consent to treatment before the treatment is initiated and you have the right to refuse or to withdraw your consent for treatment(s).
 - d. Except in an emergency, receive information about Health Care Directives and participate in decisions concerning program participation.
 - e. Be provided information about submitting a grievance or concern. You will not be retaliated against for submitting a complaint.
 - f. Information about proposed treatments/procedures, alternatives, risks, and possible complications.
 - g. Upon written request, a copy of your medical records within 20 business days of request.

Your Responsibilities:

1. You are responsible for providing a complete and accurate medical history and for providing information about unexpected complications that may arise. You are also responsible for making it known whether or not you clearly comprehend a contemplated course of action and the things that you are expected to do.
2. Mental Edge Counseling, LLC. is located in a tobacco-free building. You must agree and understand that the use of tobacco products is prohibited in any area surrounding this building. We may refuse to serve a client who refuses to comply with this policy, as it is endangering the health of other clients and staff members.



3. You have the responsibility of providing accurate information necessary for the facility to process bills and the obligation to arrange for the payment of those bills.
4. You have the responsibility to be considerate to all facility personnel and to other clients by:
 - a. Treating our staff and other clients with respect and refraining from disruptive or abusive behavior. Failure to do so, may result in termination of care from Mental Edge Counseling, LLC.
 - b. Arriving on time for your appointment. Failure to do so, may result in termination of services. Arriving 15 minutes or more will result in a late cancellation fee.
 - c. Cancelling or modifying appointment times with staff with at least 24 business hours' notice. Failure to do so, may result in termination of services.
 - d. Parking in designated areas of the Mental Edge Counseling, LLC. building.
 - e. Assuring that your accompanying visitor(s) be considerate of other clients and facility personnel. This includes ensuring privacy during treatments, both visually and verbally as well as refraining from any type of electronic recording.
 - f. Reminding visitors to observe smoking regulations.
 - g. Being respectful of religious, cultural and medical differences of other client/clients.
5. You have the responsibility to bring concerns and / or grievances to the attention of the Administrator or to the Department of Health Services.
6. You are responsible for your own valuables and you are strongly encouraged to leave valuables home.
7. You are responsible for using facility services, supplies and equipment appropriately and economically in order to assure the availability to our other clients. You will be held financially responsible for any deliberate damage to facility equipment or property. We reserve the right to refuse service to anyone, including when clients fail to comply with Mental Edge Counseling, LLC. policies or to uphold the responsibilities noted above.
8. Appointments are scheduled based on client need and schedule. The time of your appointment is reserved for you. You are expected to give 24 business hours' notice if you will not be keeping your appointment, or it will be required to pay an unkept appointment fee. It will be your responsibility to contact the office to reschedule any future appointments. If we do not hear from you within 30 business days, we will assume you no longer wish to continue services and you will be discharged from treatment. If you miss or late cancel three (3) or more appointments within a 90-day period, you will be discharged from treatment.
9. Office Courtesy: Please do not use your cell phone while in our office. Your cell phone should be turned off prior to entering our office. This policy is meant to protect your confidentiality as well as the confidentiality of those around you.



Contact Us

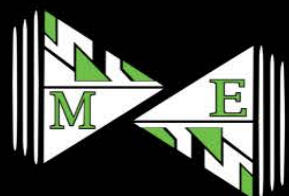
Mental Edge Counseling, LLC.
1198 S. Governors Ave., Bldg. A, Ste. 201
Dover, DE 19904
(302) 382-8698

Concerns/Grievances

While you are a client here at Mental Edge Counseling, LLC., we will do our best to meet your needs. If you believe we have not met your needs or expectations, we would sincerely like to discuss your concern. Please contact the staff you are working with or the administrator at (302) 382-8698 to address these concerns.

- Concerns regarding any aspect of Mental Edge Counseling, LLC. may be submitted either orally or in writing, by anyone.
- When filing a concern, you are encouraged to speak with a staff member or the administrator. Mental Edge Counseling, LLC. maintains an “open door” policy.
- If your verbalized concern is not resolved timely and to your satisfaction, any staff member will assist you in completing a written concern, if requested.
- All written concerns will be investigated promptly by administrative personnel and the results will be made available to you within thirty (30) days.
- If you remain unsatisfied with the result/resolution of the concern, you may file a grievance with the Delaware Department of Health Services.

Delaware Department of Health Services
1901 N. DuPont Hwy
New Castle, DE 19720
(302) 255-9040



Hours of Operation

Monday	8am-7pm
Tuesday	8am-7pm
Wednesday	8am-7pm
Thursday	8am-7pm
Friday	8am-7pm

24 Hour Access

If you have an emergency after hours (including weekends and holidays), call Mental Edge Counseling, LLC. general number at (302) 382-8698, if it is a true medical emergency, please call **911**. We will return your call in a confidential manner as quickly as possible. If your need is not an emergency and you want to speak to someone after hours to deal with loneliness, fears, or talking out a problem, call the **Warmline** - The Rick VanStory Center (302) 333-4288 Hours: 24 hours a day; 7 days a week. This service is staffed by trained consumer volunteers. If you are experiencing difficulty during the week, contact your clinician during work hours. This way, you and your clinician can agree on coping mechanisms that may help you through a weekend or holiday. It is also a good idea to check your medication supply prior to the weekend or holidays so you can be sure to have enough. Remember, the staff that knows you best are the best persons to help you through difficult times. Mental Edge Counseling, LLC. clinicians and others are expected to return telephone calls within 24 hours or as indicated in their voice mail message.

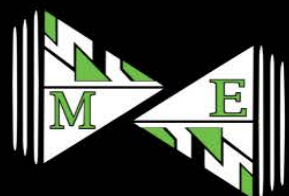
Other supports that can be reached after hours include:

Crisis Intervention Services, Northern Delaware: 302-577-2484 & 800-652-2929

Herman Holloway Health Campus, 1901 N. DuPont Hwy., Springer Building, New Castle, DE 19720 Staffed 24 hours a day, 7 days a week. Serves all of New Castle County and greater Smyrna in Northern Kent County. Provides phone support, mobile outreach and walk-in crisis services.

Crisis Intervention Services, Southern Delaware: 302-577-2484 & 800-345-6785

700 Main Street (Rear Entrance), Ellendale, DE 19941. Staffed 24 hours a day, 7 days a week. Serves all of Sussex County and Kent County south of greater Smyrna. Provides phone support, mobile outreach and walk-in crisis services.



Financial Policy

Out-patient behavioral health coverage is not always as straightforward as other medical specialties. Mental Edge Counseling, LLC. wants to help you understand your insurance information as easily as possible. We acknowledge how difficult some policies may be to understand, hopefully this document will help to assist understanding the information better.

Please remember, that it is your responsibility to know your insurance benefits. If you have questions or concerns, please contact your insurance carrier. Payment from the insurance company is determined once an insurance claim from our office is submitted. We will reach out to your insurance company for eligibility and coverage, but again it is also your responsibility to know your insurance coverage and any questions regarding your policy should be directed to your insurance carrier.

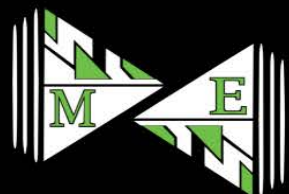
Mental Edge Counseling, LLC. does expect payment to be made when services are rendered, this includes all copays, coinsurances, deductibles, as well as any additional balance on the account. Mental Edge Counseling, LLC reserves the right to cancel any and all appointments if payment is not received at the time of service. We accept cash, all major credit cards, HSA, money orders and checks. Unfortunately, we are unable to accept postdated checks. If a check is returned due to insufficient funds, Mental Edge Counseling, LLC. will charge your account a Returned Check Fee and then we will no longer be able to accept checks from you for payment. All future payments must be cash, credit card, or money orders.

Insurance Coverage, Benefits, and Claims

There are times when insurance benefits may seem contradictory. For example, group therapy may be covered, but marriage counseling is not. There will be certain times that a particular diagnosis is not covered, but treatment for that diagnosis will be covered. There may be times when a referral from another physician is required or a particular procedural code requires an authorization. We may also run into instances where your medical insurance is under one insurance company, but your behavioral coverage is under another. We realize how frustrating and confusing insurance can be at times so we hope that providing the following information can make your billing experience as personal as your care.

Once becoming a client with Mental Edge Counseling, LLC., we will contact your insurance company to determine your insurance benefits. We will ask them a series of questions that pertain to behavioral health. If you have questions pertaining to your coverage, you will need to contact your insurance company. However, if you need assistance contacting your insurance carrier, we will be more than happy to help you.

Unfortunately, verifying your benefits does not always guarantee that your insurance company will cover certain services. Insurance companies always explain that any verification of covered services is not a guarantee of payment. Payment and coverage are determined by several factors once a claim is received.



Once the insurance company has received the claim, they will determine payment based on the following information:

1. If you have met either your in-network or out-of-network benefits - which consist of deductibles, copays, or coinsurances.
2. If there are any exclusions or pre-existing conditions that may apply.
3. If the service is covered by your plan.
4. If the reason for the service is not covered - which would be your provider's treatment and diagnosis.

The billing code, as well as the diagnosis code, that we submit to your insurance company will be for the actual service provided. Unfortunately, we are unable to change the billing code or diagnosis code in an attempt to receive payment from the insurance company, therefore; any service(s) not covered by your insurance or insurance denials will be your responsibility.

Mental Edge Counseling, LLC. is currently contracted with the following insurance companies:

- | | |
|----------------------|-----------------------------------|
| - Highmark BCBS | - MultiPlan |
| - Cigna | - Amerihealth Caritas of Delaware |
| - Health Options | - Magellan |
| - Humana (Tricare) | - Medicare |
| - United Health Care | - Aetna |

Although your insurance company may be listed above, there are times when your behavioral health coverage is under a different insurer. If this occurs, then your coverage will be out-of-network. Out-of-network means that Mental Edge Counseling, LLC. does not have a contract with that company and you may be responsible for a higher deductible, copay, or coinsurance. With your understanding that you may have a higher out-of-pocket expense with using your out-of-network benefits, then we will bill your insurance company as a courtesy. **It is also important to know that Mental Edge Counseling, LLC is not contracted with Traditional Medicaid.** We use every effort to verify this information monthly, but there may be instances when this information will change. If this situation occurs, and your Managed Care (AmeriHealth or Health Options) does not pay, the total amount of the service will be your responsibility.

There could be times when an insurance may not pay for a claim. If this is to happen, then a member of the financial team will review the claim and contact the insurance company. If the claim was not paid due to an error on our part, we will correct the claim and resubmit it to the insurance company. If the claim was not paid due to an error on the insurance company, then we will have the insurance company send the claim back to be reprocessed. However, if there is no error, then you will be responsible for any portion not paid by your carrier.

At times, insurance companies may audit claims that they have paid. They have up to two years from the date of service, the payment of the claim, the receipt date of the claim, or the receipt of the appeal. This process is known as the "look back period" and is common among all of the insurance companies. If the insurance company determines that they have paid for a claim in

error, then they will reverse their payment. This means that the insurance company will contact Mental Edge Counseling, LLC. to issue them a refund. If that is to happen, we will then contact you for payment for that service.

Settling of Balances

There may be times where the insurance company processed a claim in an unexpected manner. Here are a few examples:

1. I understand a claim may be processed differently than what was expected; therefore, leaving a higher out-of-pocket expense.
2. I understand there are times when a claim is not paid at all from the insurance company; therefore, leaving me completely responsible for the full balance.
3. I understand that insurance benefit verification is not a guarantee of coverage or payment and if my insurance company denies the claim based on the service type, treatment, or diagnosis, then I will be fully responsible for the payment.

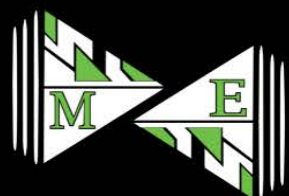
If an appointment is cancelled within 24 hours, there is no charge. However, if you missed your appointment or cancel your appointment on the same day, then Mental Edge Counseling, LLC. will apply a fee to your account. This fee must be paid before you schedule another appointment. If you have a credit card on file, then we will process this payment to your credit card. It is important to remember that insurance companies do not pay for missed or late cancelled appointments. Please be advised that Mental Edge Counseling, LLC does send out appointment reminders as a courtesy via text, phone, or email. It is still your responsibility to remember your scheduled appointment.

If you have a balance with our office that is 90 days or greater, then we will send your account to a collection agency. By doing so, we will have to add a 38% collection fee to your account. Once the account is turned over to the collection agency, the balance must be paid in full before you are able to return as a client. Please understand, that by sending the account to an outside collection agency, your treatment with our office may become public record. We want to be able to work with you on your balance, so if you feel that you are unable to pay the full balance when due, please contact us to avoid having the account sent to collections.

Professional Fees

In addition to the fees associated with your scheduled appointment and insurance, our office will charge a set amount for other professional services that you may need. Additional services include but are not limited to:

Court Fees – Please be advised that if you anticipate a court case or are currently involved in a case and will require your provider's participation there will be a minimum fee of \$200.00 per hour. There is a two (2) hour minimum, so even if your provider is present for 15 minutes, the fee will be \$400.00. There will also be a charge of \$150 per hour for preparation as well as travel expenses. Participation via telephone or virtually, will also acquire the same fees. Mental Edge Counseling, LLC. also requires a 50% deposit prior to the court date.



Court order services - All court order treatment is self-pay. If there is an active custody case, the client may be required to pay a retainer. This retainer will be used for services, letters, emails, and/or phone calls. Once the retainer has been exhausted, an additional fee will be required to continue services. This fee will be required until services are no longer needed at Mental Edge Counseling, LLC. For more information, please contact the office.

Non-covered services – Certain services are not covered by insurance companies, like family or marriage counseling, or bariatric clearances. These services will be billed at a self-pay rate. Please see additional documentation for these fees.

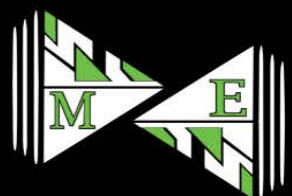
Letters or Paperwork - Mental Edge Counseling, LLC. understands that there may be instances when your treatment may require your provider to write a letter or to complete paperwork. If this should arise, there will be a fee that will be applied to the account. This fee is not billed to your insurance company; therefore, making the balance your responsibility. There is a minimum fee of \$35.00 for a typed letter and additional pages will be a fee of \$10.00. For any documentation that needs to be completed, will have a fee \$10.00 per page. These fees will need to be paid in full before you are able to receive the information.

Medical Records - As a courtesy for current clients, Mental Edge Counseling, LLC. will fax, email, or mail any authorized medical records to another provider, physician, or agency as a courtesy for your continuity of treatment. However, if you are requesting a personal copy of your medical records or are no longer a client with our office, there will be a medical records fee applied to your account. The fee will need to be paid prior to receiving your medical records. Mental Edge Counseling, LLC. will charge the following fees:

- \$2.00 per page for pages 1-10
- \$1.00 per page for pages 11-20
- \$0.90 per page for pages 21-60
- \$0.50 per page for pages 61-above
- Actual cost for postage or shipping.

No Show and Late cancellation fees – When an appointment has been made, that specific day and time has been reserved for the client. All appointments are required to be cancelled within 24 business hours (after hours, weekends, and holidays do not constitute business hours). If the appointment is not cancelled within the allotted time or the client misses the scheduled appointment, a no show or late cancellation fee of \$100.00 will be added to the account. It is important to understand that insurance companies do not provide reimbursement for missed appointments or late cancellations. These fees will be expected to be paid prior to the next appointment. If a credit card is on file, that account will be charged for this fee.

Prescription rewrite Fee - In the event that a medication provider has to rewrite a prescription because it has expired, there will be a \$15.00 prescription rewrite fee. This fee will need to be paid prior to picking up the prescription. Please be aware that this fee is not covered under insurance.



Returned Check Fee – In the event that a check has been returned due to insufficient funds, a Returned Check Fee of \$40.00 will be applied to each returned item.

Medication Management

Refill Requests - If you require a medication refill, please contact our office within 72 business hours prior to running out of medication to allow your medication provider adequate time to review the request. There may be a fee associated with this request or an appointment may need to be scheduled. Controlled substances will not be refilled early. If a prescription has been stolen, our office requires a police report to be on file. However, it is the discretion of the medication provider if the refill request will be granted.

Prior Authorizations - If a prior authorization is required by your insurance company to cover a specific medication, please allow 72 business hours for the authorization to be received, reviewed, completed, and approved. You will need to allow for additional time if the prior authorization is denied. Our office will contact you once the authorization has been approved.

Pharmacy - Our office will only send prescriptions to one pharmacy. Please make sure that you have given the correct pharmacy information to your medication provider.

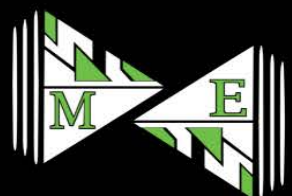
Late arrivals - Unfortunately, due to the time restraints, if you are more than five (5) minutes late to your medication management appointment, you will not be able to be seen. This will result in a late cancellation fee of \$100.00 and your appointment will need to be rescheduled. It will be up to the discretion of the medication prescriber if they will refill any medications refill request.

Termination of Treatment

Therapy and medication management services between client and provider are a relationship and at times, those relationships will come to an end. Ideally, termination of services will be mutually agreed upon between the client and the provider. This could be because the treatment goals have been successfully met or the client is moving. However, there may be times when this termination will not be mutually agreed upon; for instance, the client may decide to terminate services with their provider. If that were to happen, the clinician can provide the client with a list of referrals, either externally or internally. Please be advised, that the client will be responsible for any unpaid balances on the account.

Mental Edge Counseling, LLC and providers may at times terminate services without the consent of the client. Some of those reason may be:

1. There is noncompliance with treatment (missing appointment, late cancelling, unpaid balances, failure to follow through with treatment recommendation(s), obtaining medication(s) from additional medical providers, etc.).



2. Even though there is appropriate treatment, and the client is attending session, there is a lack of progress.
3. There is a conflict of interest.
4. The provider is experiencing a significant reduction or absence from work.
5. The provider no longer works with Mental Edge Counseling, LLC.

