

BROOKE GUM, ARNP
Board Certified Family Psychiatric Mental Health Nurse Practitioner
Phone (425) 481-0429/fax (425) 483-0660

1/1/2013

Welcome. I am delighted to have the opportunity to work with you, and I will do what I can to provide the best care possible. In order to do so I would like to provide you with as much information about my practice as feasible, so as to minimize any frustrations or annoyances caused by misunderstandings. Please ask questions anytime you are unsure about what is happening or why. Thank you for taking the time to familiarize yourself with these policies.

OFFICE LOCATION:

Woodinville Psychiatric
18500 156th Ave NE Suite 100
Woodinville, WA 98072

OFFICE HOURS AND APPOINTMENTS

My office hours vary by the day of the week. I am in the office: Monday-Saturday. My voice mail (425)481-0429 can be reached 24 hours a day and I pick up my messages daily, Monday through Friday. Don't hesitate to call with problems. I will return your calls as soon as possible. However, if your call is not of an emergency nature, please allow a minimum of 24 hours turn around time. If you feel you have an emergency situation, directions for reaching my paging service are included in my voice mail message. My office hours are by appointment only and appointments can be scheduled when you call the office. Special or emergency appointments can be arranged as needed.

CANCELLATIONS

Since your appointment time is reserved exclusively for you, it is necessary for you to cancel any appointment which you are unable to keep. **There is a \$100 charge for missed appointments, canceled or rescheduled appointments with less than a full 24 hours notice.**

CONFIDENTIALITY

I will hold as confidential all information that we discuss and the fact that you are seeing me with only the following exceptions where I am ethically and legally bound to do so:

- 1) When you give consent to me for information to be released to someone.
- 2) If you provide me with information in which you convey substantial intent to physically injure another person, I will make effort to inform that person, His/her family, and appropriate authorities of your intention.
- 3) If I feel that you are no longer able to take care of yourself and/or intend to physically injure yourself, I will act in a way to minimize your harm to yourself by notifying your family and/or the proper authorities.
- 4) If I become aware of currently existing child/elder/developmentally disabled individual physical or sexual abuse situations, I must notify child/elder protective services.
- 5) If I receive a court order requiring that I relinquish my records, I will comply. I will also inform you.

I keep a record of the health care services I provide you. You may ask to see and have copied that record for a fee. We will not disclose your records to others unless the law authorizes or compels us to do so. If you should wish to see your medical record, my policy is to review it with you at a scheduled appointment time.

CONSULTATION

I may obtain professional consultation, or for professional growth, may consult with a group of psychotherapists. In that context I may discuss your situation, but will not disclose your name or other identifying information. If there are records of information from other physicians or individuals whose input you feel would be helpful to your treatment you may sign a consent form allowing the exchange of information between other parties and myself. If you have any questions, please ask.

PRESCRIPTIONS AND REFILLS

I prefer not to authorize refills outside office hours when I do not have your records at hand. Please try to anticipate your medication needs and address this issue at the regular appointment time. I will prescribe medication sufficient to make it to your next appointment. **It is your responsibility to schedule that appointment before you run out of medication.**

MEDICATION AUTHORIZATION

Most schools require Medication authorization for children to receive medication while at school. If you need authorization for medication to be given, please have the form mailed or faxed to the office (425) 483-0660. Make sure that a return fax number or address is included with the request. Phone requests for Medication Authorization are filled Monday through Thursday 9:00-2:00 pm. Please make sure that you allow at least 24 hour.

INCLEMENT WEATHER

If you are concerned that I will not be available because of inclement weather, please call my office number. I will keep the answering service updated in the event that the office will be closed. I will be available by telephone if you have a serious problem. For emergencies, go to your nearest hospital emergency room, urgent care facility, or call the crisis line or 911 for a medical emergency.

EMERGENCIES

I prefer to try to deal with crises before they erupt into emergencies, and I would encourage you to contact me sooner, rather than later, if you have a problem.

Nonetheless, emergencies do happen. **If you need emergency care, you should call 911 or go to the nearest urgent care center, clinic or hospital emergency room for evaluation and treatment.**

Please let the emergency physician know that he or she may call me. I am not currently doing inpatient management. If you should need to be hospitalized, your care would be managed in the hospital by one of the staff psychiatrists. I shall make every effort to be available to them for consultation and exchange of information to facilitate your stay and guide our future work. For major, life threatening emergency psychiatric care, call the Crisis Clinic at (206)461-3222.

Although most of the time I can be reached through my voice mail, if it is an emergency and you need a faster response, please contact my emergency service at (425)899-3024 and they will attempt to page me.

At times when I will be unavailable, for example during vacation periods, another psychiatrist will be on call. I will make every effort to notify you ahead of time when possible.

FEE SCHEDULE Updated 1/1/2013

New patient appointments	\$250 per session
Report Fee	\$130

The new patient intake process generally consists of 3 sessions. In some cases the time needed to complete the evaluation may need to be adjusted.

There is a report fee for the provider's typed evaluation that cannot be billed to insurance. This report fee is due at the time of the first appointment.

If you have insurance we will bill them for you. For in-network insurance the amount due at the first visit is the report fee, \$130.00. For all out of network insurance, or those without insurance, the amount due at the first visit is \$380.00.

Follow up appointments are scheduled as 25 minute or 50 minute time allotments. The billing amount for these appointments is in accordance with the Behavioral Health current Procedural Terminology (CPT) codes updated as of 1/1/2013. The amount charged varies from \$65.00 to \$395.00 depending upon the amount of time spent with the provider and the complexity of the case.

Missed appointment fee	\$100.00
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Please note we require a full 24-hour notification in order to avoid assessing the missed appointment fee.

Reports prorated at \$ 300.00/hour

Records copy WA State allowable as posted in office
Forensic/legal work incurs different fees which I will discuss on an individual basis.

PATIENTS WITH INSURANCE COVERAGE

Will your insurance pay for services?

I am a licensed Psychiatric Nurse Practitioner (ARNP) and as such, my services are covered by many Insurance plans. Many Insurance plans however, have special requirements or restrictions regarding Mental Health care. **It is your responsibility to contact your Insurance company to find out if Mental Health services by Brooke Gum ARNP in Woodinville will be covered.** It is particularly important to ask about: Psychiatric coverage; limits on types of therapy or number of visits; separate deductibles; and whether your plan has any special restrictions such as needing a primary care physician's referral or requiring pre-authorization or special forms. We also recommend that you record time, date and name of the person you contacted at your Insurance plan.

We cannot accept responsibility for collecting an insurance claim or negotiating a disputed claim. Insurance reimbursement is a contract between you and your carrier. Please contact your Insurance company directly if you need information regarding Insurance authorizations, payments or denials. You are responsible for payment of your carrier. You are responsible for payment of your account within the usual limits of our credit policy.

Will my office bill your Insurance company for services?

As a courtesy, my office will bill many of the major insurance companies provided that you have given us the necessary insurance information. If your insurance fails to pay your claim, it is your responsibility to pay this clinic and take the matter up directly with your insurance carrier.

I am contracted with:

Premera Blue Cross and Life Wise Health Plan of Washington.

Regence – participating provider (not contracted with Value Options or other specialized plans)

Please tell the office which insurance plan you have before you initially see me. There are many managed care plans of which I am not a contracted provider. If you are unsure please contact your insurance company.

PATIENTS WITHOUT INSURANCE OR AN INSURANCE THAT IS NOT BILLED BY OUR CLINIC

Some Insurance companies will not reimburse non-contracted providers, or will pay at a lower rate. Please evaluate your policy before seeing a non-contracted provider.

If we receive payment from your insurance company after your account has been paid in full, or if a credit balance occurs, you will be issued a refund check for that amount.

BILLING POLICY

It is not my intention to cause you undue hardship, however, I must collect payment for services as efficiently as possible in order to continue service to the community. Therefore, the following credit policy will be followed:

Payment is expected at the time of the office call. If we will be billing your insurance, the portion of each visit that is not covered by your insurance (Co-payment) is due at the time of service.

Unless specific arrangements have been discussed, the patient (or parent of a patient bringing a child in) is responsible for making payment or co-payment at the time of service.

PAYMENT PLANS and BILLING QUESTIONS

Please contact Peggy at 425-481-0429 or DevneyGumBilling@gmail.com for payment plans or billing questions. This email is for billing questions only. All other matters need to be called into the office.

Brooke Gum ARNP.

On January 1, 2013, major changes took place in the way health care providers bill third party payers (insurance companies, Medicare). These changes to the CPT (Current Procedural Terminology) codes particularly affect the way mental health services are billed. Previously there were only 6 codes that were typically used to bill for therapy (depending on whether the patient was new or established, whether or not medication was prescribed and how long the visit was). There is now a complex new set of standards that change with every visit, depending on a variety of factors including such issues as changes in severity of symptoms, whether medication needs to be adjusted, if side effects are occurring, or whether other health conditions coexist.

These changes were only announced in mid-September, and most of us have been scrambling to understand them in time to meet the requirements. It has been necessary for all psych providers to set up new fee schedules for the new codes, and establish new documentation processes to meet the requirements.

You will notice changes in your bills. In some cases, depending on the nature of your insurance policy, you will also notice changes in how much you pay. Please feel free to discuss this with our billing specialist, Peggy. It is unclear, at this early stage, how the new codes and fee schedule will play out once they are used. It is likely that adjustments will be necessary, and your portion of the fee may not be predictable for some time. We will work with you to help to make this transition as understandable, easy and manageable as possible.

We will also keep you apprised of the changes in documentation required. Diagnosis codes must be reviewed, and noted at each visit. It will also be necessary to document the actual start and stop time of sessions and certain specific health issues must be reviewed. The insurance companies have the option of requiring access to this documentation as a condition of payment.

Our priority in all of this is to keep the time we spend together focused on your needs and concerns.

1/1/2013