

Dr. Violina Frenkel M.D. LLC  
Adult & Adolescent Psychiatrist  
Medical Arts Center I  
33 Overlook Road Suite 210  
Summit, NJ 07901

## **Office Policy and Procedure Statement**

Welcome to Dr. Violina Frenkel's practice. This document covers the policies and procedures of my practice. Please review the following information and let me know if you have any questions or concerns.

### ***The Initial Visit***

Your initial evaluation begins with a 30-60 minute Extended Comprehensive Psychiatric Exam, depending on your specific presentation. During the visit I will take a careful history of the problems you are experiencing, including questions about your current symptoms, your past psychiatrist history, your medical history and other relevant information. I will create a highly personalized, multifaceted treatment plan which may include medications and therapy.

### ***Treatment Philosophy***

My treatment philosophy includes a broad range of approaches including psychodynamic and cognitive-behavioral psychotherapy. I believe psychopharmacological interventions are an important part of a treatment plan, but are most often efficacious in conjunction with other non-pharmacological interventions. My services include consultation and medication management. I work very closely with a number of therapists who I refer to if therapy is essential to your treatment.

### ***Medication Management and follow up Appointments***

Appointments can be made by calling the office at 908-522-6617. Medications can be prescribed after the initial evaluation has been completed. I respect your budget and will prescribe low cost drugs if needed. Established patients are always given enough medication and refills until the next office visit. If you have missed or cancelled an appointment, you are responsible to reschedule your appointment in a timely fashion to ensure proper treatment and medication management. If you are going to run out of medication before your next scheduled appointment, please call the office to arrange for medication refills 2-4 days in advance. Consistent follow up appointments are necessary for safe medical care. **MEDICATION IS NOT REFILLED ON THE WEEKENDS OR AFTER OFFICE HOURS.**

### ***Cancellation Policy for Appointments***

Your appointment time is especially reserved for you. I do not double book appointments, but give each patient my full attention and time for the entire appointment. If you do not cancel your appointment or do not show up for it, I'm unable to see another patient because the time slot was allotted specifically for you. If an appointment needs to be canceled or reschedule I appreciate as much notice as possible but **AT LEAST TWENTY-FOUR (24) HOURS IN ADVANCE.** A **\$50 no show fee will be charged for appointments not canceled.** Monday appointments need to be cancelled by 5 pm the preceding Friday. Repeated late cancellation of appointments and/or failure to keep scheduled appointments by a patient may make it impossible for me to continue serving that patient.

### ***Insurance***

I accept the following insurance: **Horizon Blue Cross/Blue Shield, Cigna**

It may be helpful for you to call your insurance company in advance to check you mental health benefits which may be different than you regular benefits and what your mental health visit co-pay is. For those who have insurance coverage with companies that I am not contracted with, you have the option of paying out of pocket for your treatment and obtaining reimbursement from your insurance company. Please check with your carrier for out-of-network mental health service benefits or pre-approval requirements. You will be provided a bill that gives you my Tax ID Number, the date of service, the proper diagnostic and

procedure codes upon each visit. It is ready to be filed with your insurance company for reimbursements according to each patient's health plan.

### ***Fees & Payment Information***

Initial consultation \$400

Follow-up visit, medication only \$200

Co-payments per your insurance policy are to be paid at the time of your appointment.

At my office, I accept cash, personal check or credit card payments. Please note that any non-sufficient checks will be charged a \$40.00 NSF fee.

If, after 90 days, your insurance has not paid your claim(s), payment in full is expected from you. It is your responsibility to pay the deductible amounts, coinsurance, or any other balance not paid by your insurance company. You are ultimately responsible for your bill.

We reserve the right to charge for forms, disability paperwork or letters written on behalf of the patient.

**Please allow for 2-3 days for completion.**

### ***Non-Payment:***

If you are ninety days overdue in paying for services, I reserve the right to utilize legal resources such as collection agencies, or small claims court to collect payment. Any unpaid or uncovered services may be submitted to the patient as well as the insurance policy holder to obtain payment.

### ***Emergency and Urgent Calls***

If you are in a situation in which your physical health or safety is in danger, or someone close to you is in danger, **please call 9-1-1, or proceed to the nearest emergency room for service.**

For other questions please call the office and leave a message including your name, contact number(s), best time to call, and reason for calling and I will make every effort to return your call the same day. Messages left late in the day or on weekends/holidays may not be returned until the following business day.

### ***When I'm Away***

I make coverage arrangement with local psychiatrists. Covering psychiatrist may be reached through our regular office number.

### ***Privacy Practices***

This policy explains how the office may use and disclose information about you; it also informs you of your rights as a patient/guardian. Your privacy is extremely important to me, and I will not release any identifying information about you without proper consent. There are exceptions to this rule mandated by the Health Insurance Portability and Accountability Act (HIPAA). These situations include those in which there is an immediate threat to your safety or the safety of others, child or elder abuse, and cases of domestic violence. In addition, health information may be shared with your insurance company for purposes of prior authorization for services. A full explanation of HIPAA is given to all new patients, and a copy is available upon request.

### ***Consent for Treatment***

Signing below indicates consent for treatment which may include prescription of medications. It also means that you have had the opportunity to read this document and ask any questions, understand the terms of this document, and agree to follow them. Consent to release of records and the bills as set forth in this policy.

\_\_\_\_\_  
Patient

\_\_\_\_\_  
Date