

Dominique Sanders Nursing Corporation/DBA Raelin Bright Wellness Practice Policies

Practice Name:

Dominique Sanders Nursing Corporation/DBA Raelin Bright Wellness

Practice Policies

Practice policy updates can be found on our website www.raelinbrightwellness.com

PLEASE READ THIS DOCUMENT CAREFULLY

Raelin Bright Wellness and/or its affiliates located at www.raelinbrightwellness.com from which you may purchase services ("Book Now"), or call, email or any method of contact to book an appointment.

Scheduling of all appointments must be done by the actual person seeking services. Due to legal and ethical reasons, other representatives are not allowed to schedule appointments for another individual; potential patients can NOT schedule visits using someone else's name, phone number, email address, date of birth, or any other information.

There are no refunds for any services provided.

BILLING, FEES, APPOINTMENTS, NO-SHOWS, TARDINESS, CANCELLATIONS

(1) Please remember to cancel or reschedule **24 hours in advance**. If you cancel or reschedule your appointment in less than 24 hours, this is considered a **No-Show**. You will be responsible for a **\$150 fee** if cancellation is less than 24 hours or if you do not attend the appointment. Excessive No-Shows can result in being discharged from this practice.

(2) **NEW PATIENTS, POTENTIAL PATIENTS OR RETURNING PATIENTS:** Practice consent, consent forms, new patient intake forms, and insurance name and identification/group numbers **MUST** be completed **within 3 days** of scheduling your appointment to prevent cancellation.

(3) You have a 10-minute grace period before being considered a No-Show and/or Late. By scheduling an appointment, this reserves space on the calendar for you-preventing others from booking in your scheduled appointment. Showing up for an appointment after the 10-minute grace period is considered late. You will be charged a \$150 no-show fee. Appointments can be rescheduled after you have paid the no-show fee.

(4) The standard meeting time for appointments are between 15-60 minutes. It is up to you, however, to determine the length of time of your sessions. Requests to change the session

need to be discussed with the provider to be scheduled in advance. Appointments may be monthly in the early states of treatment; scheduling appointments further out is considered carefully based on your progress and stability.

(5) ** You are responsible for contacting your insurance carrier to verify your insurance and telehealth (videoconference) eligibility benefits. If you have an appointment and are seen during your scheduled appointment time and later realize your insurance does NOT cover your scheduled visit-you will be charged the full visit costs. **

(6) All outstanding balances are expected to be paid in full before your scheduled appointment; 2 business days in advance to prevent cancellation of of your upcoming scheduled visit.

(7) You will notify Dominique Sanders Nursing Corporation/DBA Raelin Bright Wellness immediately of any changes to your credit card. You acknowledge that you are fully responsible for all services received and any late fees accrued at Dominique Sanders Nursing Corporation/DBA Raelin Bright Wellness.

(8) You are responsible for any unpaid balances; all balances must be paid prior to any visit and prior to rescheduling any visit.

(9) All onboarding items are due prior to your upcoming visit (within 3 days

(10) We use third-party billing systems, including Alma and Headway. Each patient is responsible for understanding their health insurance benefits.

(11)Unpaid balances will result in you being reported to a collections agency.

(12) Incompletion of requested items will result in cancellation of the appointment if not received at least 2 business days prior to the appointment; this includes (not limited to) incomplete intake form, unpaid balances, invalid or expired credit card on file, or incomplete requested forms.

THE INITIAL EVALUATION IS NOT A GUARANTEE THAT YOU ARE AN APPROPRIATE FIT TO CONTINUE IN OUR PRACTICE. THE PROVIDER WILL EVALUATE THE LEVEL OF CARE YOU NEED AND DETERMINE WHETHER OR NOT OUR PRACTICE IS ADEQUATE OR APPROPRIATE FOR YOUR NEEDS. IF IT IS DETERMINED THAT YOU NEED A HIGHER LEVEL OF CARE, APPROPRIATE INSTRUCTIONS AND RESOURCES WILL BE PROVIDED.

COST OF VISITS (ALL PAYMENTS, INCLUDING COPAYS, ETC ARE DUE BEFORE ALL APPOINTMENTS; APPOINTMENTS WILL NOT START WITHOUT YOUR PAYMENT RECEIVED).

1) Initial Evaluation is \$350

- 2) Follow-Up Visit (20-25 minutes) is \$175
- 3) Extended Follow-Up Visit (45-60 minutes) is \$250
- 4) No Shows/Late Cancellations (\$150)
- 5) Unpaid balances due or uncovered services

COST OF VISITS WILL BE CHARGED PRIOR TO YOUR VISIT (AFTER THE 24 HOUR CANCELLATION WINDOW).

Credit Card Authorization

Upon receipt of entering my credit card (including debit or HSA card) information and my signature in this consent form, I authorize Dominique Sanders Nursing Corporation/DBA Raelin Bright Wellness to bill all charges for which I am financially responsible, including no-show visits. I further understand that my credit card (including debit or HSA card) will be charged for any outstanding balance. Subsequently, I authorize Dominique Sanders Nursing Corporation/DBA Raelin Bright Wellness to bill my account **balance** to my credit card immediately, and thereafter in the event a balance exists; the ACH payment method on file (ie via Stripe, or the designated Electronic Medical Record payment system) may be used as well to collect payment. I understand that my credit card (including debit or HSA card) will not be charged if I choose to pay for treatment before the scheduled time of each appointment unless I request for my credit card (including debit or HSA card) to be charged prior to the scheduled visit.

The system will initiate a 1cent (\$0.01) pre-authorization transaction to ensure the card (including debit or HSA card) is valid and immediately void the transaction. No funds will be withdrawn from the account, although will you see a pre-authorization in your statement.

I will notify Dominique Sanders Nursing Corporation/DBA Raelin Bright Wellness immediately of any changes to my credit card (including debit or HSA card). I acknowledge that I am fully responsible for all services received and any late fees accrued at Raelin Bright Wellness, LLC/Dominique Sanders Nursing Corp.

DISABILITY, TRANSPORTATION, UTILITY COMPANY, etc. PAPERWORK

(1) Disability of any kind will not be filled out by any provider at Dominique Sanders Nursing Corporation/DBA Raelin Bright Wellness. If you have been serviced by Dominique Sanders Nursing Corporation/DBA Raelin Bright Wellness, YOUR RECORDS and/or A DIAGNOSIS

LETTER can be provided. Please utilize your psychologist, therapist, counselor, primary care provider or disability caseworker for the completion of disability paperwork.

(2) Letter request fee for work, school, etc., is **\$35** per request. Correspondence may take up to 5-7 days to be completed.

3) FMLA paper costs, vary depending on the length of pages and required information needed starting from **\$150** per occurrence and each form.

4) We do NOT certify disability nor complete EDD requests.

ALL SCHEDULED VISITS

(1) Three no-shows will jeopardize your ability to continue receiving care from Dominique Sanders Nursing Corporation/DBA Raelin Bright Wellness .

(2) You are responsible for selecting appointment notification reminders through text, voice and/or email appointment reminders. You have to choose the form of preferred appointment reminders. If you cannot keep your appointment, please have the courtesy to cancel your appointment at least 24 hours in advance.

Late cancellations (less than 24 hours of scheduled appointment) or no-shows is a \$150 charge. Appointments will not be rescheduled without late charge/cancellation payment. Repeated cancellations/no-show may result in termination from this practice.

When you schedule an appointment, that time is reserved for you; this requires your provider to be available and prevents others from being scheduled during your appointment time. These charges cannot be billed to insurance and are your responsibility. Your appointment can be rescheduled once your balance is paid in full.

MEDICATION REFILLS

(1) Medication refill outside of the appointment schedule requires a **\$35** fee.

(2) Schedule an appointment if you have side effects with your medications. Medications will NOT be adjusted or changed without a visit, which includes an assessment. Controlled substances: the rules and regulations will be followed to the fullest extent, with grounds of termination or disqualification of receiving controlled substances at this practice if divergent activity is suspected. The provider at Dominique Sanders Nursing Corporation/DBA Raelin Bright Wellness will always check the online prescription monitoring program before any refill on a controlled substance. An appointment will be required to receive a prescription for a controlled substance.

(3) **We do not prescribe benzodiazepines of any kind.**

TELEPHONE ACCESSIBILITY/COMMUNICATIONS

(1) If an emergency arises, please call 911 or any local emergency room.

If you need to contact your provider between appointments, please leave a message on Dominique Sanders Nursing Corporation/DBA Raelin Bright Wellness voice mail or secure email: info@raelinbrightwellness.com to reach a team member. If your provider is not immediately available, they may attempt to contact you within 72- hours, excluding holidays or weekends. **If an emergency arises, please call 911 or go to any local emergency room.**

Discussion of medical emergencies and clinical discussion is inappropriate to take place via email, text, appointment reminders, EMR messenger, EMR portal, or any place outside of an appointment with the provider. Do not use messaging portals in attempt to contact your provider, as they will Not see the messages.

Call 911 for all emergencies. If you received emergency help and need to update us or need a sooner follow-up appointment you may inform us via phone call at 725-234-2215 or email: info@raelinbrightwellmess.com to make inquiries regarding appointments, scheduling, and other information updates for the provider outside of scheduled appointments. Allow up to 72 hours, excluding holidays and weekends for a response from the team.

Office hours are Monday-Friday 9 AM PST-5 PM PST, excluding holidays.

PHYSICAL LOCATION

To receive telehealth services, you must reside and currently be in the designated state where Dominique Sanders Nursing Corporation/DBA Raelin Bright Wellness provides services.

SOCIAL MEDIA AND TELECOMMUNICATION

Due to the importance of your confidentiality and the importance of minimizing dual relationships, Your provider will not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc.). Adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when you meet with your provider to talk more about it.

ELECTRONIC COMMUNICATION

We cannot ensure the confidentiality of any form of communication through electronic media, including text messages. If you prefer to communicate via email or text messaging for issues regarding scheduling or cancellations, we will do so through secure messaging within the EMR or Patient Portal or secure email: info@raelinbrightwellness.com. While we may try to return messages in a timely manner, we cannot guarantee immediate response and request that you do not use these communication methods to discuss therapeutic content and/or request assistance for emergencies. Allow 72 hours for a response, excluding weekends or holidays.

If you and your provider chose to use information technology for some or all of your treatment, you need to understand that: (1) You retain the option to withhold or withdraw consent at any time without affecting the right to future care or treatment or risking the loss or withdrawal of any program benefits to which you would otherwise be entitled. (2) All existing confidentiality protections are equally applicable. (3) Your access to all medical information transmitted during a telemedicine consultation is guaranteed, and copies of this information are available for a reasonable fee. (4) Dissemination of any of your identifiable images or information from the telemedicine interaction to researchers or other entities shall not occur without your consent. (5) There are potential risks, consequences, and benefits of telemedicine. Potential benefits include, but are not limited to improved communication capabilities, providing convenient access to up-to-date information, consultations, support, reduced costs, improved quality, change in the conditions of practice, improved access to treatment, better continuity of care, and reduction of lost work time and travel costs.

Effective treatment is often facilitated when the provider gathers within a session or a series of sessions, a multitude of observations, information, and experiences about the client. Providers may make clinical assessments, diagnoses, and interventions based not only on direct verbal or auditory communications, written reports, and third-person consultations but also on direct visual and olfactory observations, information, and experiences. When using information technology in therapy services, potential risks include, but are not limited to the provider's inability to make visual and olfactory observations of clinically or therapeutically potentially relevant issues such as: your physical condition, including deformities, apparent height, and weight, body type, attractiveness relative to social and cultural norms or standards, gait and motor coordination, posture, work speed, any noteworthy mannerism or gestures, physical or medical conditions including bruises or injuries, basic grooming, and hygiene including appropriateness of dress, eye contact (including any changes in the previously listed issues), sex, chronological and apparent age, ethnicity, facial and body language, and congruence of speech and facial or bodily expression. Thus, potential consequences include the provider not being aware of what he or she would

consider important information that you may not recognize as significant to present verbally to the provider.

TERMINATION

Ending relationships can be difficult. Therefore, it is important to have a termination process to achieve some closure. The appropriate length of the termination depends on the length and intensity of the treatment. We may terminate treatment if we determine that the psychiatric treatment is not being effectively used, you need a higher level of care, if you have aggressive behavior or if you are in default on payment. Termination of care may also happen if the working relationship is no longer therapeutic. We will not terminate the therapeutic relationship without first discussing and exploring the reasons via videoconference, email or notifying you by certified mail and the purpose of terminating. If you are non-compliant with mandatory treatment recommendations (labs, PCP visits, urine drug screens, follow-up visits, etc.) or if you need a higher level of care, you are subject to termination. If your treatment is terminated for any reason or you request another provider, we will provide you with a list of qualified mental health providers, directories or defer you to your insurance carrier to treat you. You may also choose someone on your own or from another referral source.

Should you fail to schedule an appointment every 90 days, unless other arrangements have been made in advance, for legal and ethical reasons, we must consider the professional relationship discontinued or terminated; you would be presumed as discharged from the practice and an extended visit or initial evaluation, along with signed consent for treatment (required again once discharged) would be required, should you decide to return to this practice.