



## **M.E. Psychiatric Care - Patient Agreement**

Thank you for choosing M.E. Psychiatric Care for your psychiatric needs! We are looking forward to working with you. This document will explain some important policies and procedures for the clinic's services.

### Location

Miller Psychiatric Care PLLC  
doing business as (DBA)

### **M.E. Psychiatric Care**

3523 45<sup>th</sup> St S Suite 100 Fargo, ND 58104

Phone: 701.203.5247

Fax: 701.203.2903

Typical business hours are Monday – Thursday, 8 am – 5pm CST. These hours are subject to change per clinical directors' discretion. We are closed on weekends and select holidays and do not provide an on-call service. M.E. Psychiatric Care may need to close the clinic in certain circumstances with or without advanced notice. Closing notifications may be available on the clinic's voicemail or communicated by email, text message or phone call.

### Notice of Clinic Name Change

Please be advised that the clinic was formerly known as **White Lotus Mental Health Clinic**. The clinic is now operating as **Miller Psychiatric Care PLLC, doing business as (DBA) M.E. Psychiatric Care**. This change reflects a rebranding only and does not affect ownership, providers, services, policies, or your care in any way.

### Services

The following services will be available through the clinic:

- Psychiatric Evaluation

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- Medication Management
- Psychotherapy

Services may be provided in person or through telemedicine. Telemedicine by the psychiatric provider may be an adjunct to periodic face-to-face contact or it may be the only contact by the provider if the psychiatric provider deems it unnecessary to have an in-person evaluation. Treatment via telemedicine will not deviate from standards of care applicable to face-to-face assessment and treatment.

Services we do not provide include, but are not limited to: transportation clearance, disability and Social Security assessments, workability evaluations, court ordered services or services mandated by Social Services, forensic psychiatry work, leave of absence certifications, forms for companion animals, letters requiring medical advice or completion of other documentation related to these matters. Clinic records and notes can be provided for submission to agencies as a substitute for the necessary documentation upon request.

M.E. Psychiatric Care does not provide emergency services. If you need such services, call 911 or go to the nearest emergency department for immediate assistance.

#### Telephone Accessibility

If you need to contact M.E. Psychiatric Care between appointments, please call the clinic phone number or send us a message through the electronic health system. Our psychiatric providers have varied schedules and are not immediately available so you may need to leave a voicemail if our staff are busy assisting other patients. An office staff or clinician will attempt to return your call or answer your question through the website within two business days.

#### Appointments and Cancellations

To receive services at M.E. Psychiatric Care, an appointment must be scheduled in advance and required paperwork must be completed prior to your appointment. Failure

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to have the appropriate paperwork filled out may result in rescheduling your appointment time. You may receive courtesy reminder emails, texts and/or phone calls about your appointment.

The standard initial psychiatric evaluation is 45-60 minutes and follow-up medication management appointments are typically 20-30 minutes. We ask that patients are on time for their scheduled appointment or present early. Should there be questions regarding how to access the telemedicine communication portal for your appointment, please call the clinic ahead of time. Should patients be late for a scheduled appointment, they may be asked to reschedule and/or subject to the clinic's late cancellation policy.

If an appointment needs to be canceled or rescheduled, please call the clinic at least 24 hours in advance as appointments are a time commitment made to you and held exclusively for you by your provider. Notification of cancellation may be made by calling the clinic (including voicemail), text message, email, or through the Tebra patient portal. If you miss a scheduled appointment or fail to provide at least 24 hours' notice, a **\$40 no-show/late cancellation fee** may be assessed. By signing this agreement, you authorize M.E. Psychiatric Care to charge this fee to the credit/debit card on file. Should a patient no-show three times, they will be terminated from the clinic and can no longer receive services.

### Medications

If indicated after an evaluation or follow-up appointment, you may be prescribed medications at M.E. Psychiatric Care. The medication prescriptions will be sent electronically to a pharmacy in North Dakota or Minnesota of your choosing. M.E. Psychiatric Care will only send prescriptions to pharmacies that receive prescriptions electronically. Patients receiving medications must be seen for appointment follow-ups as directed by the psychiatric provider.

**Refills:** Some prescriptions will require an office visit for refills depending on the clinical presentation of the patient and/or medication being prescribed. Refill requests

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will not be filled if you have missed required follow-up visits with your provider. Refill requests will only be sent during regular office hours.

As a patient, it is your responsibility to ensure your selected pharmacy can receive prescriptions electronically. It is also your responsibility to request medication refills before the expected date you run out of your medications. Refill requests should be submitted directly to your pharmacy at least 3 business days in advance.

**Controlled Substance Medications:** Controlled substances, such as benzodiazepines, hypnotics and stimulants, are sometimes prescribed for various psychiatric conditions. Because of the high potential for misuse of controlled substances, local, state and federal government agencies have specific regulations that must be followed for close monitoring of dispensing and prescribing of these medications. M.E. Psychiatric Care follows these governing body regulations in addition to the following:

- You will be searched in the state Prescription Drug Monitoring Program database prior to receiving a controlled substance prescription and as necessary for close monitoring.
- If you misuse controlled substance medications, this information will be reported to your pharmacy by clinic staff and/or other medical providers, medical facilities and appropriate authorities as indicated. You will not receive any more controlled substances from M.E. Psychiatric Care if there is any misuse.
- Psychiatric providers at the clinic will not prescribe opioid medications. If a patient is currently taking an opioid from a clinician outside of the clinic, providers will not prescribe benzodiazepines due to the increased respiratory suppression risks.

If you are a patient and receiving controlled substances, it is your responsibility to:

- Provide safekeeping for your medication. If your prescription is stolen, misplaced, or destroyed, a police report must be filed and faxed to the clinic. Once said faxed report is received, it is up to the prescribing provider and/or

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clinical director to decide if the medication will be refilled early or not and if an appointment is necessary to refill the medication.

- Take your controlled substance only as prescribed or as previously discussed with your provider. Of note, abrupt discontinuation of a medication may cause severe withdrawal symptoms, seizures or other medical emergencies.
- You are not to sell, share or give any controlled substance medication to another person.
- Notify M.E. Psychiatric Care staff and/or provider if you are being prescribed a controlled substance from an outside source.
- Abstain from alcohol, marijuana, opioids, illicit drugs and other addictive substances.
- Comply with drug screening and pill counts as ordered by provider.

**Failure to follow these medication policies and procedures may result in termination of services from the clinic.**

### Minors

We require parental or legal guardian consent for treatment of those under the age of 18. We require the minor's parent or legal guardian to be present during a portion of the visit to ensure that they are consenting to treatment.

### Payment

If you have insurance that is accepted at M.E. Psychiatric Care, the clinic will submit claims to your primary insurance carrier on your behalf and, when applicable, will also submit claims to secondary insurance. If your health plan determines that a service is not covered, you are responsible for the full charge. The clinic accepts check, credit, and debit cards. A 25% discounted rate is available for patients paying out-of-pocket for services.

To allow for proper filing of insurance benefits, a copy of your current insurance card must be provided at the establishment of services and any time there is a change in

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insurance coverage, phone number, or address. Insurance plans and benefits change frequently, and it is the policyholder's responsibility to verify whether M.E. Psychiatric Care is an in-network provider and what mental health services are covered under their specific plan. Some plans require referrals or prior authorizations for coverage, and failure to obtain these may result in denial of payment.

By signing the Clinic-Patient Agreement, you authorize M.E. Psychiatric Care to release medical information to your insurance company, including governmental payers such as Medicare, Medical Assistance, and Worker's Compensation, as required or permitted by law for payment of claims. This may include confidential medical information such as psychiatric treatment, substance use information, or other protected health information when necessary for billing purposes. Chemical dependency records are protected under Federal Law (42 CFR Part 2) and will not be disclosed without written consent unless otherwise permitted by law. You also authorize the clinic to contact your primary care provider or managed care network on your behalf to request referrals that may allow services to be covered at an in-network benefit level.

Additionally, by signing this agreement, you authorize M.E. Psychiatric Care to bill your insurance benefits and to receive direct payment from your insurance carrier. Your signature serves as authorization for the filing of claims and assignment of benefits to the clinic. Regardless of insurance coverage, the patient remains ultimately responsible for all charges incurred.

M.E. Psychiatric Care requires all patient accounts to maintain a valid credit card on file at all times. Once your insurance carrier processes a claim, any patient responsibility—including copays, coinsurance, or deductibles—will be charged automatically to the card on file, regardless of the balance amount. If a claim is denied by insurance, the clinic will contact you before any charge is made. For self-pay or out-of-pocket services, payment is collected prior to or at the time of service. A paid invoice will be provided for all payments, and billing staff are available to assist with questions or payment arrangements.

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Please note that any insurance benefit quote provided by the clinic is a courtesy estimate only and does not guarantee coverage or payment. It is the patient's responsibility to verify benefits for outpatient mental health services, including telehealth, directly with their insurance carrier. Payment of benefits is subject to all terms, conditions, limitations, and exclusions of the insurance policy in effect at the time of service. Any disputes, delays, or denials are ultimately between the patient and the insurance carrier.

Failure to respond to clinic or billing communications, maintain a valid payment method on file, or pay balances in a timely manner may result in suspension or termination of services and/or referral to an outside collection agency. Past-due balances, collection costs, court fees, attorney's fees, or other expenses incurred as a result of nonpayment may be the responsibility of the patient. Outstanding balances may also affect the ability to schedule or continue services with the clinic.

### Termination

There may be circumstances where a patient will be terminated from services provided at M.E. Psychiatric Care. If services are terminated, you will no longer be able to receive services, schedule appointments or have medication refills as the patient and clinic professional relationship will have been discontinued. Reasons that services may be terminated with a patient may include but are not limited to failing to show up for appointments, frequently canceling or providing insufficient notice to cancel appointments, noncompliance with medical treatment and/or recommendations, suspected misuse of medications, failure to follow controlled substance medication policies and procedures, abusive behavior to clinicians or clinic staff, failure to pay for services received and other reasons.

If termination of services occurs, you will be sent a letter to the address you provided the clinic that states you have been dismissed and the patient-clinic agreement has been terminated. You will be provided with a list of qualified options to continue your care. You will be provided with a 30-day supply of medication as well as what to do should an

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emergency occur within 30 days of the dated letter. Of note, if services are terminated due to misuse of medication(s), that/those medication(s) will not be refilled. A copy of your medical record will be provided to your new provider once an appropriate release of information has been received by the clinic.

### Consent for Treatment

In signing the clinic-patient agreement, you are voluntarily consenting to diagnostic procedures and care as provided by psychiatric providers at M.E. Psychiatric Care. Treatment recommendations may include assessments, psychological testing, individual or group therapy, taking medications or other recommended mental health treatments. Treatment recommendations will be based on your personal psychiatric and medical history, clinical presentation and specific goals. Treatment is provided by board certified and licensed psychiatric providers. Your provider will inform you of options, risks, benefits and possible drug-drug interactions (if medications are prescribed) so you can make an informed decision about your care. In signing this agreement, you are acknowledging that there are no guarantees made to you as to the results of treatment M.E. Psychiatric Care.

**In signing below, I am indicating that I have read and understand the information provided above regarding M.E. Psychiatric Care patient policies and procedures. In signing, I agree to abide by its terms.**

**I understand a copy of this agreement form will be available for me to print upon request.**

**I hereby authorize M.E. Psychiatric Care to provide and voluntarily consent to diagnosis and treatment.**

**I hereby assign and authorize payment directly to Miller Psychiatric Care PLLC DBA M.E. Psychiatric Care and said clinicians of any and all Medicare/insurance benefits otherwise payable to me.**

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**I hereby agree Miller Psychiatric Care PLLC DBA M.E. Psychiatric Care and the clinicians may receipt me for any such payment and that such receipt shall be conclusive acknowledgement by me that I have received insurance benefits from the insurance company(ies) in the sum specified in such receipt, and agree that such payment shall discharge the insurance company(ies) of any and all obligations under the policy(ies) to the extent of such payment and for that purpose.**

**I authorize Miller Psychiatric Care PLLC DBA M.E. Psychiatric Care and the clinicians to furnish the insurance company(ies) with any information desired concerning said care and treatment. I understand that I am financially responsible to Miller Psychiatric Care PLLC DBA M.E. Psychiatric Care and the clinicians for charges not covered by this assignment and further agree to guarantee prompt payment in full of any balance.**

Patient Printed Name \_\_\_\_\_

Patient/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_