

**Concierge Medical Services, (dBA of BBF,ltd) New Suboxone Patient**

Last Name: \_\_\_\_\_ Frist: \_\_\_\_\_ Middle: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ SSN: \_\_\_\_\_

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Family Doctor: \_\_\_\_\_

Phones: \_\_\_\_\_ Email: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Children in the home: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone \_\_\_\_\_

All professional services rendered are charged to the patient. Necessary forms will be completed to expedite insurance carrier payments. The patient is responsible for all fees, regardless of insurance coverage or absence thereof. It is customary for the patient to pay for services when rendered unless arrangements with another party have been made in advance.

**INSURANCE AUTHORIZATION AND ASSIGNMENT**

I hereby authorize BBF Ltd, Dr M.F. Stretanski and/or any dBA thereof, to furnish information to insurance carriers concerning my illness, diagnoses and treatments. This is predominantly to assist in authorization of medications, labs, urine drug screening, counseling and other treatments. I understand this is a Concierge service that does not take any insurance. I understand that I am responsible for any fees incurred amount not covered by insurance and the office does not accept insurance for visits.

Signature: \_\_\_\_\_ date: \_\_\_\_\_

Other Contacts who may discuss my case, or payments, in addition to my Emergency contact

#1 \_\_\_\_\_ #2 \_\_\_\_\_

#3 \_\_\_\_\_ #4 \_\_\_\_\_

Please note that we will not be able to discuss your care with any persons not listed above. This includes billing questions, payments and refill issues. Make sure to list anyone who might need to call.

Also mention anyone who you are concerned may attempt to obtain your records for bad reasons.

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**PATIENT PROTECTED HEALTH INFORMATION**

**Consent to use for purposes of Treatment, Payment and Healthcare Operations**

I consent to the use or disclosure of my protected health information by ISPROC or BBF for the purpose of diagnosing or providing treatment to me, obtaining payment for healthcare bills, assisting in potential prior authorization for medication in isolation from the rest of my care, and the conduct healthcare operations of BBF. I understand that diagnosis or treatment of me by the physicians of BBF may be conditioned upon my consent as evidenced by my signature on this document.

I understand I have the right to request a restriction, in writing, as to how my protected health information is used or disclosed to carry out treatment, payment or healthcare operations of the practice. BBF is not required to agree to the restrictions that I may request, however if ISPROC agreed in writing to a restriction that I request, then the restriction is binding on BBF and its physician.

I have the right to revoke this consent, in writing, at any time, except to the extent that BBF has taken action in reliance on this consent and understand that I may then be accountable for additional processing fees and fees for services not covered or paid due to lack of clinical information. I understand that Healthcare organizations are *mandatory reporters* and HIPPA does not apply when a crime has been committed and the presence of a class I substance is a crime.

My "Protected Health Information" means health information, including demographic information, collected from me and created or received by my physician, or another healthcare provider, a health plan, my employer or a healthcare clearinghouse. This is protected information relates to my past, present or future physical or mental health or condition and identifies me as there is a reasonable basis to believe the information may identify me.

I understand I have the right to review the Notice of Privacy Practices prior to signing this document. The BBF Notice of Privacy Practices is interchangeable with ISPROC's has been provided to me, the Notice of Privacy Practices describes the types and uses and disclosures of my protected health information that will occur in my treatment, payment of my bills or in the performance of health care operations of ISPROC, BBF or their representatives. The Notice of Privacy Practices also describes my rights and ISPROC's duties with respect to my protected health information.

BBF reserves the right to change the privacy practices that are described in the Notice of Privacy practices to coincide with state, federal law and/or compliance issues with SAMSA, pharmacy, TIP 40, medical board or other compliance or certifications or to reflect common trends in office practices. I may obtain a revised Notice of Privacy Practices by requesting one in writing and one will be provided or I will be referred to an electronic version, at the time of the next visit or two business days – whichever is longer.

**X** \_\_\_\_\_ Date \_\_\_\_\_.

Patient or Patient representative

\_\_\_\_\_  
Description of Patient's Representative Authority (ie – Parent, Spouse or Power-of-Attorney)

**Concierge Medical Services, (dBA of BBF,ltd) New Suboxone Patient**

**INSURANCE / BILLING DECLARATION**

The Suboxone program is a concierge practice that does not take insurance. It is run under the name Basically Beautiful faces. Ltd. Concierge Medical services is what is known as a dBA (doing business as) of Basically Beautiful Faces (or BBF), ltd. This name is not suggestive of anything relating to addiction or chemical dependency or suggestive of mental illness. This enables you to have an appointment card you can carry in the open, use credit and charge cards, write checks and use the name without any real risk of letting the world around you know what you are being seen for and helps protect your privacy. The FAA does the same thing with the HIMS program.

You insurance/billing information is copied and kept to assist you with authorization of medications, and payment for the urine drug screening, that is carried out by a nationally-ranked reputable certified third party lab. We send your insurance information with your urine so that you do not automatically get billed directly from the lab. Although you may get an EOB and possibly a bill, the lab typically does not pursue balance billing you anything other than what your insurance or entitlement covers. So while we copy and take your insurance information as a courtesy to help you, we are NOT billing your insurance for the visit. The truth is we are not able to run a legitimate Suboxone program and meet all the guidelines that we must if we relied on what insurance carriers/Medicaid networks paid. If we did then we simply would not be able to run a Suboxone program at all.

We will make one effort for every patient to obtain authorization for your meds. This really is a courtesy beyond what a concierge practice does. Beyond that one attempt there is nothing we can do. Calling us multiple times does not make it happen faster – it slows prior authorization down because you tie up phone lines with questions that have already been answered several times. Suboxone is expensive. It can cost close to \$900.00 for the month and someone ultimately does need to pay for it. This is still much cheaper than an average addiction. Authorization is usually dependent upon your compliance with counseling and having clean urine drug screens. If there is no record of having been to counseling or you continue turn up dirty on a urine, you can expect you insurance to stop paying for your Suboxone, in addition to a formal our formal discharge protocol.

**X** \_\_\_\_\_ Date \_\_\_\_\_  
Patient or Patient representative

**Concierge Medical Services, (dBA of BBF,ltd)**  
**Patient Financial Policy and Office Policy Disclosure page 1 of 2**

On arrival please sign in at the front desk and present your current insurance card. Driver's license or state ID may be required under Ohio law. Be sure to inform us of change in contact information, especially a new phone number, when you sign in.

DO NOT miss appointments with us– we will assume you have relapsed.

DO NOT miss counseling appointments – we will assume you are either doing well enough to stop Suboxone or you have relapsed.

DO NOT get pregnant now. Dr Mike will help with contraceptive arrangements.

Do NOT try and say you have a disability because of your addiction – we will report you for fraud

Do NOT try to intimidate, frighten or scare staff, other patients – we have heard it all before

DO NOT try and call the office after you miss an appointment and ask for Suboxone

DO read your *Introduction to the Suboxone Program*. Take it seriously. Re- read it for guidance.

Understand our discharge protocol and know what happens when you are not compliant.

You will be charged the initial intake fee at your first visit. Follow-ups are usually very frequent at first, but you are only usually charged every 2 weeks. Follow-up fees are usually charged every two weeks as you are seen at least that often. The goal is to get on a 4-week cycle and billed every four weeks, but this is rarely ever before 3 months. Reasonable exceptions may be made for work/school. If you “ use” after your first visit, then visits become very frequent and you are charged to cover the cost of your increased intensity of care. It is part of your treatment that you become responsible for your choices. This really is a simple action-consequence.

Presence of an illicit drug, or a prescription controlled-drug that is not coming from us gets you put back on short follow-ups that are billed at full price. If you use, you end up paying more, having more charged appointments.

There is NO charge to come in emergently if you have not used. If something bad happens, if you get stressed out, if you are in danger of calling your drug dealer and you want to come in and talk to us and need extra help in between appointments or medication adjustment – THERE IS NO CHARGE if your urine is compliant and you have not used.

Insurance claims are not submitted. The agreement to pay for medical services is a contract between the insurance carrier or the network and yourself. Limitations and exclusions may exist. Patients are ultimately expected to understand how their insurance or network works. You may need to do considerable work and assist us in getting your insurance company to pay for your urine drugs screenings, bloodwork, imaging studies or medications. You have the option to try and get your carrier to reimburse you back for payment, but no insurance claim will be filed. Differences do exist

**Patient Financial Policy and Office Policy Disclosure page 2 of 2**

between treatment options available through third-party reimbursements. Your insurance may allow a limited amount of Suboxone or may only allow a taper.

Third Parties: we do not bill third parties. Statements/Receipts are provided as proof of payment or statement of unpaid balances. Credit cards in the name of individuals who are not present with a photo ID will not be run.

Payment is accepted in the form of cash, debit cards, cashier's check, and some credit cards (VISA). There will be a \$35.00 charge for "non-sufficient funds". After a long and hard effort, we are no longer able to accept personal checks for payment surrounding the Suboxone program.

Medical Records take considerable time and effort to process. Requests are processed M-Thurs in the order in which they are received and upon receipt of payment. "Statements of Treatment" or "Statements of Program Compliance" for third parties such as parole officers or judges can be provided at the time of visit. Court Requests and Children's Services Subpoenas for records are given first priority

There is a standard **\$ 20.00 fee** for prescription refills needing to be called into the pharmacy, written for pick-up which could have been taken care of at the time of office visit.

There is a standard **\$100.00** (One Hundred Dollars) fee for no show/no call or cancellation less than 24 hours prior to appointment. Rational decisions are made under reasonable circumstances regarding the waiver of fees.

There is a standard **\$50.00 (Fifty dollars)** fee for all non-clinical paperwork such as FMLA, Jury Duty excuses, disability paperwork. Payment is due in full prior to form completion.

There is no additional fee for Letter's of Medical Necessity, parking placards, procedural or medication prior authorization or peer-to-peer reviews with insurance companies or networks that are required for imaging studies, medication authorizations or treatment authorizations.

All controlled substances require a written "wet-ink" prescription and will not be called in to pharmacy. Absolutely no controlled-substances are available and there will be no discussion of controlled-substances other than at the time of face-to-face visit with the doctor.

Collection of Bad Debt: BBF/Concierge Medical Services is forced to make use of a third part collection agency. Unpaid debt, including no-show fees, is turned over to collections after a second notice if no arrangements are made. We bend over backwards to work with patients on this matter, but if there is no response to billing we have no choice under other than to pursue debt. Once turned into collections, no appointment will be scheduled and no paperwork will be processed until reconciliation of the debt.

**X** \_\_\_\_\_ Date \_\_\_\_\_.

Patient or Patient representative, noting page 1 and 2 of disclosure

## **This is the Initial Set-up into Counseling for your Suboxone Program**

First and Foremost, you must be connected with a Counseling Center and have a Chemical Dependency Counselor. This is an absolute mandatory to be in this program. It does not matter how many times you have been in counseling, in rehab, jail or prison - you still must go during this program. If you fail to go, or lie about attendance, then your Suboxone will be stopped.

**This is Your Responsibility** – it is part of your “homework” and the first step in actively treating your addiction. Where you are seen will depend on your location, your insurance and whether or not you’re insurance covers chemical dependency and then you need to find out who takes your insurance. You should call the number on the back of your insurance or medicaid card and ask who is in network in your area. It is possible you may have no coverage but this will still be cheaper than your street habit. You can call the number on the back of your insurance card and ask who is in network. You will have two days to make this call and get scheduled. This is the most important thing in your life and your primary superseding responsibility above all others. You should not be surprised if you leave this office on that day without a script.

No, you cannot simply see someone from the church, AA, the family or school – these can be helpful people to be around as part of your support system and “sober plan” but you must also have a certified chemical dependency counselor (CDC), PhD, LPC, PsyD or an actual psychiatrist. You will eventually have a sponsor from AA/NA, but again, you cannot be seen exclusively by someone who is not also an actual counselor. In order for us to meet our compliance standards to run this program, we will need to get regular reports of attendance from them. This includes checking their credentials and making sure they exist in the first place. Some local facilities we have worked with in the past

- Life Services/Catalyst 741 School Rd., Mansfield, 419 756 1717 or 419 774 6743
- Mr. George J Sakash, Wyandot Counseling Associates, 102 S. Sandusky Upper Sandusky, Ohio 43351 phone (419) 954-1975
- Indigo 1230 Lexington Ave #100, Mansfield, OH 44907 (419) 775-1771
- Life Steps Inc 605 South Trimble Road Suite D, Mansfield, OH 44906 419 756 9975
- Oriana House 3055 S St rte 100 419-447-1444 Tiffin, OH
- Appleseed Community Mental Health Center Ashland, OH 44805. 888 400 8500
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- Cornerstone Counseling of Ashland 259 Sandusky Street, Ashland, OH (419) 289-1876
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- Upper Sandusky Counseling 117 W Wyandot Ave., Upper Sandusky, OH 43351 (419) 318-1049
- Crawford County Comm Counseling 419 562 2000 , 2458 Stetzer Rd, Bucyrus, OH

Again, do not try and come to follow-up appointments with anything other than a letter from someone with CDC, PhD, PsyD, or an actual psychiatrist. This is how we know whether it is worth our time to try and help you help yourself. If you show up and you have not made these calls and met this appointment, then we know that you have no plan to really try and get yourself clean. We can then move onto and give more time and more help to the people who really do want to get clean.

**You need to know that we believe in a behavioral pattern of treatment, not a disease or medical model. If you are looking for someone to tell you that this is a disease you inherited, or something you were born with, or that you have no control over, then you need to leave now and find another program. The state is full of pill mills and “providers” that will allow you to play that game, but we do not. It is your choice to enter this program or not under these terms.**

**X** \_\_\_\_\_ **date:**     /     /     .