



**Upper Valley Outpatient  
Behavioral Health**  
3130 N. County Rd. 25A  
Troy, Ohio 45373  
(937) 440-7626  
(937) 440-7702 Fax

Todd Anderson, MD  
Rafay Atiq, MD  
Mark Casdorff, DO  
Kuhurani Hussain, MD  
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Teresa Lynne Workman, MS, LPCC

Welcome to Upper Valley Outpatient Behavioral Health. We are pleased that you have chosen us for your mental health needs. We are committed to provide cost-effective, evidence based treatment with the goal of helping our patients regain healthy functioning in as brief a time as possible. Our services are designed to provide psychiatric and therapeutic help related to issues for which you are seeking assistance. Our psychiatry staff provides psychiatric assessments and treatment. Our doctors are well-trained in the diagnosis of mood and stress related disorders and have a thorough knowledge of psychiatric medications. Our therapy staff provides individual and family therapy and work closely with our psychiatry staff when needed. We also offer psychological assessments as an additional service.

For your convenience, we have listed below important information regarding our services. If you have any questions, please discuss it with your psychiatrist or therapist. Please feel free to discuss any financial or insurance concerns with the office coordinator or billing specialist.

**Confidentiality:** All information shared with your clinician is confidential and will not be shared with others without written permission. As a client, you need to know that under three specific conditions the right to confidentiality does not exist.

We have the legal responsibility to:

1. Report suspected physical or sexual abuse of minors to the county agency designated by the State of Ohio.
2. Report homicidal intentions to the identified victim(s) and to the local police department.
3. Report suicidal intentions to the client's family or the police if the client fails to follow treatment recommendations.

**Medical Supervision:** All clients seen at Upper Valley Outpatient Behavioral Health are considered clients of Todd Anderson, MD, Rafay Atiq, MD, Mark Casdorff, DO, Kuhurani A. Hussain, MD, and Stephen E. Liptak, PsyD, even if you are being treated by a different physician. Clinical supervision will occur as needed between your therapist and the physician; clinical supervision will involve a review of the content of the therapy sessions as well as medications management.

**Phone:** Our office phone number is **(937) 440-7626**. Fax **(937) 440-7702**. In case of emergency, you can contact the Crisis Hotline at **(937) 335-7148** or **(800) 351-7347**.

**Office Hours:** Our hours are as follows.

**Monday – Thursday:** 8:00 a.m. to 5:00 p.m.

**Friday:** 8:00 a.m. to 3:00 p.m.

**Fees:**

90792 - Psychiatric Diagnostics Interview Exam - Doctor	\$175.00
90791 - Psychotherapy Diagnostic Interview/Exam - Therapist	\$175.00
99213 - Medication Management-up to 15 minutes - Doctor	\$105.00
90833 - Psychiatric visit 16-37 minutes. Med Check - Doctor	\$ 73.00
90832 - Individual Psychotherapy 16-37 minutes - Therapist	\$ 85.00
90834 - Individual Psychotherapy 38-52 minutes - Therapist	\$125.00
90837 - Individual Psychotherapy 53 minutes and over - Therapist	\$150.00
90846 - Family Psychotherapy (without patient)	\$125.00
90847 - Family Psychotherapy (with patient)	\$155.00
96101 - Psychological Testing per hour	\$100.00

**Health Insurance:** Even though the fee may be partially covered by your health insurance, you are responsible for the deductible and for all charges not covered by your insurance. Although we will file your insurance claims at no additional charge, we do not assume responsibility for collection of third party payments. **IF YOUR INSURANCE COMPANY DOES NOT PAY FOR OUR SERVICES, OR DOES NOT RESPOND, YOU ARE RESPONSIBLE TO PAY ANY BALANCE THAT MAY BE LEGALLY OWED BY YOU.**

**Payments:** Payment for your portion of the fee not covered by insurance, including “Self Pay” is required at the time of each session unless previous financial arrangements have been made. Checks should be payable to UVPC. Please read the attached letter regarding your financial responsibility.

**Missed Appointment/Late Cancel Fees:** You may be charged \$25.00 for any missed appointments or appointments cancelled with less than a 24-hour notice. These charges are NOT covered by your insurance and will need to be paid in full prior to your next appointment. **PLEASE KEEP IN MIND THAT FREQUENTLY MISSED APPOINTMENTS OR CANCELLATIONS MAY RESULT IN TERMINATION OF CARE.**

**Statements:** A statement of your account will be sent once a month; this will indicate services provided and payment made during that period. The balance due will also be indicated. Your prompt payment will be appreciated.

**Prescriptions/Medications:** **THE DOCTORS/NURSES ARE NOT IN THE OFFICE EVERYDAY AND ARE ONLY IN MONDAY THROUGH THURSDAY.** Please make a note of when your specific doctor/nurse is in the office. If your prescriptions need refilled prior to your next appointment, please call the office a week before your prescription runs out. Please keep in mind that any medication calls on Friday will not be addressed until the following Monday since there are no doctors/nurses in the office on Fridays.

**Children:** Children cannot be left unattended in the waiting area. It is requested that only children involved in individual or family therapy be brought to the counseling sessions.

**Patient Financial Responsibility:**

In order to reduce confusion and misunderstanding between our patients and Upper Valley Outpatient Behavioral Health, we have adopted the following financial policy.

If you have any questions about the policy, please discuss them with our Office Manager. We are dedicated to providing the best possible care and service to you and regard your complete understanding of your financial responsibilities as an essential element of your care and treatment.

Unless either you or your health coverage carriers have made other arrangements in advance, **FULL PAYMENT IS DUE AT THE TIME OF SERVICE.**

Your insurance policy is a contract between you and your insurance company. **Upper Valley Outpatient Behavioral Health is not involved.**

As a courtesy, we will file your insurance claim for you if you assign the benefits to our office. In other words, you agree to have your insurance company pay us directly. If your insurance company does not pay Upper Valley Outpatient Behavioral Health within a reasonable length of time, we will look to you for payment.

All health plans are not the same and do not cover the same service. We recommend that you call your insurance to get a benefit quote, asking for each benefit level. In the event your health plan determines a service to be “not covered”; you will be responsible for the complete charge. Payment is due upon receipt of a statement from our office.

If insurance information is presented at the time of service that is subsequently found to be “terminated coverage”, this account will be considered as “Self Pay” and payment will be expected in full. If you do not have insurance and are considered “Self Pay”, payment will be required at the time of service. If you are unable to pay at the time of service, no follow-up appointment will be made at that time. Once payment is received a new appointment will be made for you.

In order to provide the best possible service and availability to all of our patients, please call us as early as possible if you know you will need to reschedule your appointment. You will be charged \$25.00 for any missed appointments or appointments cancelled with less than a 24-hour notice. These charges are NOT covered by your insurance and will need to be paid in full prior to your next appointment.

**Please keep in mind that frequently missed appointments or cancellations may result in termination of care.**

### **Outpatient Client Rights:**

1. The right to be treated with consideration and respect for personal dignity, autonomy and privacy. Personal privacy is assured and protected within the constraints of the individual treatment plan.
2. The right to service in a humane setting, which is the least restrictive feasible as defined in the treatment plan.
3. The right to be informed of one's own condition, of proposed or current services, treatment of therapies, and of the alternatives.
4. The right to consent to or refuse any service, treatment or therapy upon full explanation of the expected consequences of such consent or refusal. A parent or legal guardian may consent to or refuse any service, treatment or therapy on behalf of a minor client.
5. The right to active and informed participation in the development, periodic review and revision of the plan.
6. The right to freedom from unnecessary or excessive medication.
7. Client has the right to refuse recommended treatment or treatments. However, further assessment will be done to determine if continuing outpatient services is indicated.
8. The right to be informed of and refuse any unusual or hazardous treatment procedures.
9. The right to be advised of and refuse observation by others including techniques such as one-way vision mirrors, tape recorders, video recorders, televisions, movies, or photography.
10. The right to have opportunity to consult with independent treatment specialists or legal counsel, at one's own expense.
11. The right to confidentiality of communications and of all personally identifying information within the limitations and requirements for disclosure of various funding and/or certifying sources, state or federal statutes, unless release of information is specifically authorized by the client or parent of legal guardian of a minor client or court-appointed guardian of an adult client in accordance with Rules 512:2-3-11 of the Administrative Code.