

Welcome to Shore Neurocognitive and Behavioral Health

What happens on the first visit

First you will meet with Erin Young, our administrative assistant. She will ask you for your insurance cards, Photo ID and Credit/Debit card. ALL Co-pays are due at check In.

In preparation for your first appointment, we ask you complete the following paperwork, prior to arriving at our office, **and arrive 15 minutes before your appointment time.**

Next you will meet with your provider. Depending on the type of session, you may be meeting individually, as a couple or with a family member. If you are unsure, please ask prior to the visit who will be included.

Most first appointments last about an hour, unless otherwise indicated. The length of subsequent visits will be determined by you and your provider.

For neurocognitive testing appointments: ONLY the patient will be seen by the provider for the cognitive testing piece, this is to ensure accuracy in testing results. This typically takes the full appointment time, one hour. If there is a spouse, family member or caregiver that would like to speak with the provider, we will arrange a separate appointment for this. Please make Erin aware, if you would like to schedule that time. This is primarily scheduled as a ½ hour phone call with the provider.

Evaluation and Treatment with Yvonne Liswell FNP-BC, or Amanda Andrew, AGNP-C
New patient appointments are typically 1 ½ hour. Subsequent visits are determined by provider.

Psychotherapy, New patient appointments are about 50 minutes

We look forward to meeting you soon.

Shore Neurocognitive & Behavioral Health

29466 Pintail Drive #9

Easton, MD. 21601

Phone: 443-746-3698. Fax: 410-862-3013



Welcome to Shore Neurocognitive and Behavioral Health. We understand you may have some questions about your first visit.

What happens on the first visit?

First you will meet with Erin Young, our administrative assistant. She will ask you for your Photo ID, insurance cards, Credit Card and other information identified in the paperwork below prior to meeting with your provider.

In preparation for your first appointment, we ask that you complete the following paperwork prior to arriving at our office. You will find several forms:

1. Release of Information form
2. Insurance policy
3. Patient Payment Policy
4. Telehealth Policy
5. HIPAA policy
6. PHQ9 Health Questionnaire

Please read these carefully, as we have late arrival and missed appointment policies that are important to be aware of. We understand that there are unforeseen circumstances that cause last minute cancellations and missed appointments. We work with you as much as possible to ensure you make your appointment, but each time a patient misses an appointment without proper notice, another patient is prevented from accessing our services. We try and help individuals remember their appointment by offering an appointment card while you are in the office, and for those that need it, ensuring family members/caregivers are aware of upcoming appointments as well. Automated appointment reminder emails and texts are also sent from our electronic health record. It is important to note, though, that these reminders are sent as a courtesy. Like any automated system, it is not full proof. If you do not receive an automated reminder, you are still responsible for keeping your appointment, and our no show policies are still in effect.

We ask you sign all paperwork, and please keep a copy for your files.

Next you will meet with your provider. Depending on the type of session, you may be meeting individually, as a couple, or with a family member. If you are unsure, please ask prior to the visit who will be included. Most first appointments last about an hour, unless otherwise indicated by the provider. The length of subsequent visits will be determined by you and your provider.

Please arrive 15 minutes before your scheduled first appointment.

We look forward to meeting you soon.

Shore Neurocognitive & Behavioral Health



Have you made any changes to your insurance?

You are responsible for informing us of any changes to your insurance coverage prior to your visit. This may include a change in your Medicare plan, either your Part B Medigap plan, or Medicare Advantage. It is important you present any new insurance cards prior to the time of your appointment.

Medicare and Insurance Deductible 2024 Reminder

As of January 1, 2024, the 2024 Medicare deductible is \$240. Your private insurance may have a yearly deductible as well, individual to your plan. You are responsible for paying any charges, including the yearly deductible, your secondary insurance does not cover.

Please note: we do not participate in Railroad Medicare nor many Medicare Advantage programs.

Co-Pays

All co-pays are due at the time of the appointment. If you do not have a secondary insurance to Medicare, you will be required to pay the 20% co-pay at the time of your appointment.

Credit Card on File

We require that a credit card be kept on file. Credit card numbers are kept on an encrypted secure server. We do not keep a copy of your card in our office. If you have a balance, you may of course pay by cash or check. We will utilize your credit card only after attempting to notify you of the balance, including monthly statements. **We reserve the right to charge your credit card if you have not paid your bill within 90 days, or set up a payment plan.** Copies of the credit card receipt are available on our patient portal, by email, or will be sent by mail upon request. Your credit card may state the payment is made to Shore Neurocognitive Health, LLC. You are responsible for any surcharges caused by credit card disputes or additional charges.

By signing this form, either on paper or electronically, you are aware you are responsible for any and all charges incurred at Shore Neurocognitive & Behavioral Health not covered by your insurance(s). You give permission for Shore Neurocognitive Health, LLC, to bill your card for any balances as stated above.

Name/signature

Date

Shore Neurocognitive & Behavioral Health Patient Payment Policy

Thank you for choosing our practice! Our goal is to provide quality service while keeping your insurance or other financial arrangements as simple as possible. Your insurance is a contract between you, possibly your employer, and the insurance company. We are not a party to that contract. As medical care providers, our relationship is with you, not your insurance company.

- Not all services we provide are covered by your insurance company. Some insurance companies arbitrarily select certain services they will not cover. While filing insurance claims is a courtesy that we extend to patients, all charges are your responsibility from the date the services are rendered.
- Shore Neurocognitive Health, LLC will file claims and attempt to collect from your insurance company. It may be necessary for you to pay your account in full if your insurance company fails to pay for services within 60 days. It is your responsibility to understand your coverage and benefits, including pre-certifications, referral, and authorization requirements. We are not responsible for obtaining referrals or pre-authorizations for services. We will, however, assist you to ensure that all plan requirements are met. ***You will ultimately be responsible to pay the balances.***

How May I Pay?

We will bill your insurance if we are in network, but you may have a balance following your insurance payment. We accept payment by cash, check, Visa, Mastercard, American Express, and Discover. We require all patients to provide a credit card to keep on file for all balances. Credit card numbers are kept on an encrypted secure server. We do not keep a copy of your card in our office. If you have a balance, you may of course pay by cash or check. We will utilize your credit card only after notifying you of the balance. **We reserve the right to charge your credit card if you have not paid your bill within 90 days, or set up a payment plan.** Copies of the credit card receipt are available on our patient portal, by email, or will be sent by mail upon request.

Do I Need A Referral?

Traditional Medicare does not require a referral, however, some insurances may require a referral. **It is your responsibility to request a referral from your primary care provider if this is required by your insurance company.** *If your insurance does not pay as you have not obtained a referral, you will be responsible for the balance of your bill.*

Which Plans Do You Contract With?

We accept traditional Medicare and some Medicare Advantage programs. **We do not accept Humana, Medicaid, or Railroad Medicare.** We are in network with other insurers, including Blue Cross (CareFirst), Aetna, and Cigna. We strongly suggest you verify with your insurance company that we are in network for your plan.

Shore Neurocognitive & Behavioral Health Patient Payment Policy

Please be aware this does not guarantee payment. You are responsible for determining if SNBH participates in your insurance plan and obtaining the referral from your physician if required by your insurance. If we don't participate in your insurance plan, or the required authorization has not been obtained, you are responsible for all fees. We will provide you with a summary of services that you may submit to your insurance company for potential reimbursement. We do not guarantee that you will receive any reimbursement for services rendered.

What Is My Financial Responsibility for Services?

You are financially responsible for any balance not covered by insurance. We cannot guarantee your insurance will cover our services. All co-pays are due at the time of the appointment. If you do not have a secondary insurance to Medicare, you will be required to pay the 20% co-pay at the time of your appointment.

Medicare

There are now many different plans under Medicare, including traditional Medicare and Medicare Advantage plans. It is important you are aware of what insurance plan you have, and provide all cards to SNBH at check in. If you have a yearly deductible or co-pay, you will be asked to pay this when you arrive.

As of January 1, 2024, the 2024 Medicare deductible is \$240. Your private insurance may have a yearly deductible as well, individual to your plan. You are responsible for paying any charges, including the yearly deductible, that your secondary insurance does not cover.

Have you made any changes to your insurance?

You are responsible for informing us of any changes to your insurance coverage prior to your visit. This may include a change in your Medicare plan, Part B Medigap plan, or Medicare Advantage. It is important that you present any new insurance cards prior to the time of your appointment.

Missed Appointments

We understand issues arise and you may need to reschedule your appointment. We are very committed to serving our patients and strive to accommodate all our patients by making appointments available as soon as possible. However, we require a 24-hour notice for missed appointments. Less than 24 hours and same day cancellations will be charged \$100, unless otherwise waived by your provider. Missed appointments without notice will be charged \$100. These charges will be billed to your credit card.

We know that illnesses and accidents happen, and when appointments are cancelled with less than 24 hours notice for these reasons, your provider will work with you and in

Shore Neurocognitive & Behavioral Health Patient Payment Policy

all likelihood, waive our no-show fee. Please know, though, that chronic last-minute cancellations for any reason may result in your discharge from this practice. Each clinician at SNBH is empowered to make decisions to waive or enforce no show fees, and/or to discharge patients from their care.

We provide appointment cards if requested as well as provide automated email and text messages as reminders of your appointment. You are responsible for missed appointments, even if text message/reminder emails were not received for any reason. **All no show fees MUST be paid prior to your next appointment** or that appointment will be cancelled and additional appointments can not be scheduled until balances are paid

If a patient does not show up for two (2) appointments in a row without notifying the office, it is assumed that the patient-provider relationship has been terminated and must be re-established for further treatment.

By signing this agreement, you are stating you understand this policy, and authorize SNBH to bill your credit card for missed appointments.

Late Appointments

We reserve the right to reschedule appointments if you arrive more than ten minutes late. Each SNBH clinician is empowered to either see late arrivals or reschedule the appointment. We know that sometimes, being late is outside of your control due to traffic or other problems. Our focus, though, must be on providing excellent care, and we may not be able to do this in a briefer appointment.

Scheduling Appointments

Patients are responsible for scheduling their appointments. If you frequently change/cancel appointments with your provider, even with 24-hour notice, your provider may not allow multiple appointments to be scheduled at once. These decisions will be made by providers on a case-by-case basis.

Discharge

Our goal is to provide excellent clinical care to reduce the problems or symptoms that brought you to SNBH. We hope our patients reduce symptoms to the point that you will not require our services or will require fewer appointments overall. Your provider(s) will work with you to develop a discharge plan that makes sense for you. However, if your SNBH provider feels you are not able/willing to participate in your treatment plan due to multiple late/missed appointments, you may be discharged from our practice.

Shore Neurocognitive & Behavioral Health Patient Payment Policy

I have read, understand, and agree to the above Financial Policy. I understand that charges not covered by my insurance company, as well as applicable copayments and deductibles, are my responsibility. I authorize the use of my credit card for all balances. I understand I will receive a receipt upon request via the online portal, in person, or via mail.

Patient initial _____

I understand the missed appointment policy, and authorize SNBH to bill my credit card for any applicable fees.

Patient initial

I authorize my insurance benefits be paid directly to Shore Neurocognitive & Behavioral Health.

I authorize Shore Neurocognitive & Behavioral Health to release pertinent medical information to my insurance company when requested, or to facilitate payment of a claim.

By signing this form, either on paper or electronically, you are aware you are responsible for any and all charges incurred at Shore Neurocognitive & Behavioral Health not covered by your insurance(s).

Patient initial

_____	_____	_____
Date	Signature	Printed Name

I have received a copy of all Shore Neurocognitive & Behavioral Health Financial and Appointment Policies.

_____	_____	_____
Date	Signature	Printed Name

_____	_____	_____
Date	Office Staff Signature	Printed Name

Shore Neurocognitive Health
29466 Pintail Drive, #9
Easton, MD. 21601
PH: 443-746-3698
Fax: 410-862-3013

Release of Information Authorization Form
For the Use & Disclosure of Protected Health Information

Patient Name: _____

Patient Date of Birth: _____

Patient Social Security Number: _____

By signing this Authorization Form, I understand that I am giving my authorization to Shore Neurocognitive Health, designated medical record custodians to use and or disclose Protected Health Information (PHI) on the above captioned individual, as described in more detail in the paragraphs below, to the following person(s) or organization(s).

Name of person, organization or Physician: _____

Street Address: _____

City, State and Zip Code: _____

Telephone #: _____ Fax #: _____

I specifically authorize the use and disclose of the following PHI:

Primary Care Physician Records: _____

Clinic / Outpatient Records: _____

Consult Reports: _____

Lab & Radiology Reports: _____

Psychotherapy Records: _____

Other Information: _____

The information to be used or disclosed pursuant to this authorization form may include information relating to; treatment of drug or alcohol abuse, mental, behavioral health or psychiatric care.

I may revoke this authorization at any time by notifying Shore Neurocognitive Health, of my intent to revoke this authorization. However, I understand that such a revocation will not have any effect on any information already used or disclosed by Shore Neurocognitive Health before Shore Neurocognitive Health received my written notice of revocation. Unless earlier revoked, this authorization will expire on the 180th day of the signing or as otherwise specified below.

If neither federal nor Maryland privacy law apply to the recipient of the information, I understand that the information disclosed pursuant to this authorization may be re-disclosed by the recipient as is no longer protected by federal or Maryland law.

I may inspect and receive a copy of information to be used and disclosed pursuant to this Authorization Form. I understand Shore Neurocognitive Health may charge, as allowed by law and regulation, a fee for providing a copy of this information. This authorization is voluntary, and I may refuse to sign this Authorization Form.

Signature of Patient or Personal Representative

Date

Printed Name of Patient

Printed name & relationship of legally authorized representative
(If applicable)

PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems?
(Use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

FOR OFFICE CODING 0 + + +
=Total Score:

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult
at all

Somewhat
difficult

Very
difficult

Extremely
difficult

Patient Name: _____

Date: _____

Patient ID # _____

**LAWTON - BRODY
INSTRUMENTAL ACTIVITIES OF DAILY LIVING SCALE (I.A.D.L.)**

Scoring: For each category, circle the item description that most closely resembles the client's highest functional level (either 0 or 1).

A. Ability to Use Telephone		E. Laundry	
1. Operates telephone on own initiative-looks up and dials numbers, etc.	1	1. Does personal laundry completely	1
2. Dials a few well-known numbers	1	2. Launders small items-rinses stockings, etc.	1
3. Answers telephone but does not dial	1	3. All laundry must be done by others	0
4. Does not use telephone at all	0		
B. Shopping		F. Mode of Transportation	
1. Takes care of all shopping needs independently	1	1. Travels independently on public transportation or drives own car	1
2. Shops independently for small purchases	0	2. Arranges own travel via taxi, but does not otherwise use public transportation	1
3. Needs to be accompanied on any shopping trip	0	3. Travels on public transportation when accompanied by another	1
4. Completely unable to shop	0	4. Travel limited to taxi or automobile with assistance of another	0
		5. Does not travel at all	0
C. Food Preparation		G. Responsibility for Own Medications	
1. Plans, prepares and serves adequate meals independently	1	1. Is responsible for taking medication in correct dosages at correct time	1
2. Prepares adequate meals if supplied with ingredients	0	2. Takes responsibility if medication is prepared in advance in separate dosage	0
3. Heats, serves and prepares meals, or prepares meals, or prepares meals but does not maintain adequate diet	0	3. Is not capable of dispensing own medication	0
4. Needs to have meals prepared and served	0		
D. Housekeeping		H. Ability to Handle Finances	
1. Maintains house alone or with occasional assistance (e.g. "heavy work domestic help")	1	1. Manages financial matters independently (budgets, writes checks, pays rent, bills, goes to bank), collects and keeps track of income	1
2. Performs light daily tasks such as dish washing, bed making	1	2. Manages day-to-day purchases, but needs help with banking, major purchases, etc.	1
3. Performs light daily tasks but cannot maintain acceptable level of cleanliness	1	3. Incapable of handling money	0
4. Needs help with all home maintenance tasks	1		
5. Does not participate in any housekeeping tasks	0		
Score		Score	

Total score _____

A summary score ranges from 0 (low function, dependent) to 8 (high function, independent) for women and 0 through 5 for men to avoid potential gender bias.

Source: *try this*: Best Practices in Nursing Care to Older Adults, The Hartford Institute for Geriatric Nursing, New York University, College of Nursing, www.hartfordign.org.



Getting Your Affairs in Order: Advance Care Planning

NAME _____

DATE _____

Advanced care planning allows you to discuss your desires related to end-of-life planning. Please answer the following questions to help us understand what documents or conversations you (and your family) have had in regards to your care wishes.











Please check the answer that is best

YES	NO	UNSURE	
			Do you have health conditions that might influence your health care in the future?
			Have you spoken with your primary doctor about your current health conditions that might influence your health care in the future?
			Have you spoken with your family about your current health conditions that might influence your health care in the future?
			Do you have a Living will?
			Do you have durable power of attorney for health care?
			Do you have other advance care planning documents?
			Have you completed a MOLST (Medical Orders for Life-Sustaining Treatment)?
			Would you like to discuss advanced care planning with your provider?
			Would you like more information about Advance Care Planning: Health Care Directives?

Surrogate decision maker: _____

NAME: _____

DATE: _____

Health Leads SOCIAL NEEDS SCREENING TOOL		
	In the last 12 months*, did you ever eat less than you felt you should because there wasn't enough money for food?	YES NO
	In the last 12 months, has the electric, gas, oil, or water company threatened to shut off your services in your home?	YES NO
	Are you worried that in the next 2 months, you may not have stable housing?	YES NO
	Do problems getting child care make it difficult for you to work or study? (leave blank if you do not have children)	YES NO
	In the last 12 months, have you needed to see a doctor, but could not because of cost?	YES NO
	In the last 12 months, have you ever had to go without health care because you didn't have a way to get there?	YES NO
	Do you ever need help reading hospital or doctor's office materials?	YES NO
	I often feel that I lack companionship.	YES NO
	Are any of your needs urgent? For example: I don't have food tonight, I don't have a place to sleep tonight	YES NO
	If you checked YES to any boxes above, would you like to receive assistance with any of these needs? For example, would you like us to make a referral to a local agency to further explore community resources?	YES NO