

Appendix 1

MEDICAID INSURANCE

Red Oak Behavioral Health is authorized to release the information necessary:

- To disclose to the Social Security Administration and Centers for Medicare & Medicaid Services or its intermediaries or carriers any information needed for this or a related Medicare/Medicaid claim. I permit a copy of this authorization to be used in place of the original, and request payment of medical insurance benefits to be paid to **Red Oak Behavioral Health** from whom I am seeking services.
- To utilize the Medical Information Technology System (MITS), which is the shared computer payment system used by Ohio Job & Family Services, or other insurance portals, to determine my eligibility for publicly funded services and pay claims for services I receive.
- To report information required regarding characteristics of individuals seeking services, service planning and evaluation purposes.
- To report information required to measure effectiveness of services and evaluate treatment outcomes in my case and others like it.
- To report information as required by Ohio law, about reportable incidents (including Major Unusual Incidents) that may occur while I am receiving services.
- To share information and conduct investigations relevant to client's rights issues and reportable incidents required by Ohio law that may occur while I am receiving services.

Appendix 2

RED OAK BEHAVIORAL HEALTH SERVICE FEES (effective 1/1/2024)

Commercial insurance companies and Medicare require us to collect your co-pays, deductibles, and co-insurance directly from you and are due at the time of the visit if you are seen in our outpatient clinic. Community and school-based services will be invoiced once the insurance companies have paid on the claim. Red Oak Behavioral Health will file ALL insurance claims on your behalf, and we will honor any contractual adjustments with managed care companies. The fees listed below are for commercial insurance and Medicare claims. These fees are reviewed annually and may be subject to change. If you receive an invoice and have questions, or if you would like to set up a payment plan, please contact the billing department at **330-996-4600, option 3**, Monday through Thursday from 9:00am-4:00pm, and Fridays from 8:30am-2:30pm.

Diagnostic and Evaluation Session (First Visit)	\$160
Individual Therapy Session (One hour)	\$160
Individual Therapy Session (45 minutes)	\$120
Individual Therapy Session (30 minutes or less)	\$75
Group Therapy	\$40

Additional fees could apply due to the length and/or complexity of the session. If you would like additional information regarding these fees, please call the billing department at **330-996-4600, option 3.*

Appendix 3

E-MAIL AND/OR TEXT MESSAGE WAIVER

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) sets standards for protecting the rights of individuals. Red Oak Behavioral Health follows the laws that grant every individual the right to privacy and confidentiality of their health information.

I understand that unencrypted e-mail and e-mail attachments, and/or unencrypted text messages and text messaging attachments are not secure and may be viewed by others. I agree to hold harmless Red Oak Behavioral Health, its officers, agents, employees, and contract health providers from any and all liability, loss, damages, costs, or expenses which are sustained, incurred, or required arising from the transmission of unencrypted (unsecure) e-mail correspondence and attachments.

I further agree to advise Red Oak Behavioral Health of any changes to my email address/phone number and that this waiver will apply to any future email addresses/phone numbers that I provide to Red Oak Behavioral Health.