



WORKERS COMPENSATION WELCOME LETTER

Thank you for considering **MindHope** for your clients' needs. We appreciate the opportunity to collaborate with you and strive to ensure a smooth and timely process. To facilitate effective communication and cooperation, please take note of the following important points:

Acceptance Criteria for Carriers and Adjusters:

Carriers and Adjusters are typically accepted based on their flexibility, responsiveness, and timeliness with reimbursement. Out-of-state referrals will be accepted exclusively for IMEs or one-time Psychiatric Evaluations, and adherence to the MindHope Fee Schedule Agreement is mandatory.

Submission of FROI (First Report of Incident/Illness):

Kindly provide us with the **FROI** to initiate the evaluation process.

Prepayment and Payment Information:

Prepayment is required **Only** for the initial evaluation **14 business days before** your client's appointment. This ensures timely payment from the insurance carrier. If payment is not received by the **due date** the appointment will be cancelled. Please note that we do not accept virtual credit card payments from Insurance Carriers unless prior arrangements have been made and approved by our office. Please coordinate with the Payor to prevent delays.

Documentation Requirements:

MindHope **Letter of Guaranty-Fee Agreement and Invoice** must be signed within **48 hours** to tentatively reserve your client's appointment. Failure to submit the required documents within the specified timeframe may result in the appointment being allocated to another party.

Client Appointment Etiquette:

Please make sure to emphasize the significance of the Initial Evaluation appointment to your client. Clients are prohibited from canceling or reschedule the initial evaluation appointment. Requests for appointment changes must be made by the Adjuster, Nurse, Case Manager, or Legal Counsel.

Medical Records Submission:

The fee for new evaluations encompasses up to **100 pages or 1/2 inch** of medical records. An additional charge per printed page will apply for any volume beyond this limit. Please refer to the details in **Appendix A** attached to this letter for more information. Should the total amount of medical records **exceed 100 pages or extend beyond 1/2 inch**, please **notify** our office to **confirm the acceptance** of the referral. **All** medical records must be sent to our office via **USPS** no later than **3-4 weeks before** the scheduled appointment to avoid additional fees for last-minute submissions. **We exclusively accept electronic medical records through our secure email. If the total number of pages is 15 or fewer, please forward them to the secure email address. Any submissions exceeding this limit must be mailed to our office.**

Request Reference Guide:

Accompanying the Letter of Guaranty-Fee Agreement and Invoice, we will provide MindHope a **"Request Reference Guide."** Please review this guide thoroughly for effective handling of future **inquiries**.

We appreciate your attention to these details, and we look forward to a successful collaboration. If you have any further questions or require clarification, please do not hesitate to contact us. It is our commitment to provide the highest quality of service to you and your client.

Thank you for choosing MindHope

Special Note: To preserve the precision and integrity of the Provider's diagnosis, we kindly request that any requests for alterations or adjustments be channeled exclusively through the treating physician. Recognizing that only the physician holds the expertise to assess and determine the need for diagnostic revisions, we respectfully urge against offering suggestions or making requests for changes to the diagnosis provided to your client. For any concerns or inquiries regarding the diagnosis, we encourage you to engage directly with the treating physician. This approach ensures that discussions about diagnostic matters maintain the utmost accuracy and align with the expertise of the medical professional overseeing the case. Your cooperation in adhering to this protocol is highly valued.

Right: Rules Under Chapter 440, Florida Statutes. "In Florida, an injured worker has the right to select a pharmacy or pharmacist. Florida Law prohibits interference with the right the patient has to choose a pharmacy at any time a patient becomes dissatisfied with their pharmacy or pharmacist's services, they can seek another pharmacy to fill their prescription. The insurer, Attorney, Adjuster or Case Manager, Physician, or Nurse cannot interfere with their rights to choose which pharmacy they prefer.

Revised for 2023



WORKERS COMPENSATION

APPENDIX A

IME, Disability, Fit for Duty, Psych Eval ONLY, Psych Evaluation and Treatment FEE \$2,900 (Florida claims) \$3,000 (Out-of-state claims) Includes ½ inch of medical records	SCSC, Pre-Surgery Psych Evaluation FEE \$1,900 Includes ½ inch of medical records	Psychiatric F/U visits 99213: \$120 99214: \$160 99215: \$190 NS: \$160	Psychotherapy Services 90791: \$300 New Eval 90837: \$190-F/U 90839: \$250 Crisis Therapy No Show: \$190
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DEPOSITIONS If additional records are to be submitted for review, it is crucial that they reach our office by mail three weeks before the deposition. An additional fee will be applied for the review of these supplementary records, with the assessment based on the complexity of the case	FEE \$750	To optimize the efficiency of our time, the physician has allocated a one-hour time frame for depositions. We kindly request your consideration of the physician's busy schedule and ask that the deposition adhere to the allotted time. Please be aware that any depositions exceeding the allocated time will incur an additional charge of \$10 per minute.
CONFERENCE CALL OR IN-PERSON CONFERENCES WITH PHYSICIAN	\$200	Conference Calls or In-Person Conferences that extend beyond the scheduled time will be subject to an additional charge of \$10 per minute.
The Request for Medical Records		Please be advised that record requests will be processed within 72 hours of the request being received. While every effort will be made to adhere to this timeline, it is not a guarantee. Pre-payment is required before any records can be released.
FEE FOR ADDITIONAL RECORDS This fee applies to medical records that surpass the half-inch limit included in the evaluation fee and are received within two to three weeks before the evaluation. Any additional pages received after this timeframe will incur an additional charge.	\$2.25pg	Double-sided copies are considered as two pages.
Medical records not received within the stipulated time frame will be subject to a separate fee for late submission unless prior arrangements have been made and approved by our office.	TBD	To guarantee the timely delivery of the Evaluation Report, we stress the significance of providing medical records in a timely manner. The fee for reviewing these records will be determined by the size and complexity of the case. It is crucial to note that late submissions may lead to potential delays in report delivery. We appreciate your cooperation in ensuring the prompt provision of essential records.
Organized Medical Records	TBD	To facilitate an efficient review process, it is crucial that medical records be organized. If our staff needs to organize the records, an additional fee will be applied. Please be aware that reports will not be released until payment has been received
Administration Fee	\$550	See General/Office Policies

Timeframe for Adding Psychiatric Treatment After the Initial Evaluation:

Requests without incurring a new evaluation fee must be made within **60 days after** the date of the initial evaluation.

- Requests made after this timeframe will be considered a new evaluation referral, and the **full** evaluation fee will be charged.

Psychotherapy Recommendations and Coordination:

- If the Psychiatrist recommends psychotherapy, it is the responsibility of the Adjuster and/or RNCM to follow up with the doctor's recommendations. We offer psychotherapy services; however, therapy services for your client can be coordinated outside our facility. Such appointments are expected to be arranged by the Adjuster and/or RNCM.
- If you prefer your client to receive psychotherapy services at our location, a formal request must be sent **via email**. A new **Fee Agreement** and **Prepayment** will be required for the initial **Psychotherapy Evaluation**.
- You are required to inform your client about the new appointment. Subsequent follow-up appointments will be coordinated and managed by our team.

Requests for the completion of Questionnaires and or any Medical Document Review:

- Billing will be based on the complexity of the document.
- Prepayment is required before the completion and delivery of these services.

In-person conferences with the doctor will NOT be scheduled on the same day as the patient's appointment.

The comprehensive written report and initial DWCs for all new evaluations will be delivered within 7-10 business days, unless the evaluation is extremely complex and requires additional time (not to exceed 15 days). In such cases, we will notify your office of the expected delay. DWCs for all follow-up visits will also be delivered within 3-5 business days.

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