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Dear potential client or caregivers of potential client,

I look forward to meeting you at the evaluation consultation. The initial evaluation appointment is 120 minutes in duration either all at once with adults and some older adolescents or in two separate appointments, each 60 minutes in duration, for children. A third appointment of 45-60” is sometimes required. Scheduling or administrative questions can be directed to my assistant Eric Scott Kincaid at (917) 566-5798 or assistant@markwilsonmdpc.com. During the evaluation, I will present my initial impressions and recommendations, and we will decide together how to proceed, whether that includes working with me or a referral to one or more other clinicians who might work in conjunction with me or who might better meet your needs. With signed permission/release, I am happy to share my impressions and recommendations with other clinicians.

When setting up an evaluation, please set up one of the following:

- **A single two-hour evaluation session (\$1200/120”)** for adult clients or older adolescent clients
 - This is appropriate for adult clients or for older adolescent clients (if one or more caregivers come).
 - If further discussion is required, we may need to schedule another 45-60” session, which will be charged according to the regular fee structure.
- **Two separate 60-minute evaluation sessions (\$1200/120”)**
 - One or both caregivers at the initial one-hour evaluation session
 - Youth client and one or more caregivers at the second one-hour evaluation session, at least at the start and end of the session
 - If a caregiver is not able to make the first two appointments, a third 45-60” session should be scheduled with this caretaker, which will be charged according to the regular fee structure.
 - If further discussion is required, we may need to schedule another 45-60” session, which will be charged according to the regular fee structure.
- **Please see the addendum below with respect to the No Surprises Act.**
- After the evaluation is complete, I will complete a preliminary treatment; this plan will be reassessed and modified as more clinical assessment is collected and as more collateral history is obtained.

Issues will often develop between sessions that will require discussion. If at any time you or I feel that telephone or email communication is not adequate, we should schedule a formal appointment

or increase the frequency of formal sessions. This goes for parents as well; regular or semi-regular parent sessions are often a critical component of the treatment plan for children and adolescents.

For clients, especially children and adolescents, who upon completion of the evaluation begin psychopharmacologic medication treatment, please monitor yourself (or your child) for side effects. **In particular, please call me on my emergency line (917-621-6615) if you notice any of the following problems:**

- Worsening depression, more crying, more isolation, less talking with peers
- Onset or worsening of anxiety/worry/panic attacks or tension/anxiety
- Onset or worsening of difficulty falling or staying asleep
- Worsening temper/anger/frustration tolerance
- Physical tension or restlessness or the need to walk around or get out
- Increasing impulsiveness (e.g., blurting things out or doing embarrassing things that wouldn't ordinarily be done)
- Becomes excessively elated or seems as if they are feeling high or over-confident
- Expressions of feelings of death or suicide, or the desire or intent to hurt oneself, or actual self-harm.

If a medication is prescribed for a youth client, I recommend ideally scheduling 30” (or longer) follow-up appointments as follows:

- within one week of starting a medication
 - also contact me by phone or email each day after starting a new medication
 - anytime for an emergency (or as detailed above)
- then two weeks after the prior appointment
- then every four weeks, on average and based on clinical need, for 2-3 months
- then every 2-12 weeks thereafter, depending on clinical need
- these recommendations will be individualized for each patient

If a medication is prescribed for an adult client, I recommend scheduling 30” (or longer) follow-up appointments as follows:

- within 1-4 weeks of starting a medication
 - also contact me by phone or email each day after starting a new medication
 - anytime for an emergency (or as detailed above)
- then 2-8 weeks after the prior appointment
- then every 2-16 weeks, on average and based on clinical need, thereafter
- these recommendations will be individualized for each patient

As of 2023, laws have been clarified about various clinical practices, which, as of now, will not take place until 1/1/25:

- **For patients taking controlled substances in 2025:**
 - **Patients who reside in NY or NJ** and who are taking controlled substances:
 - **I am required by law to see you in-person a minimum of one time per year.** I can see you virtually OR in-person all other times.

- **For all ADULT patients receiving controlled substances, I will have to see you virtually OR in-person a minimum of three times-a-year;** under certain circumstances I can allow for a 15 minute appointment, rather than a 30 or 45 minute appointment.
 - **For all CHILD/ADOLESCENT patients receiving controlled substances, I will have to see you virtually OR in-person a minimum of four times-a-year;** under certain circumstances I can allow for a 15 minute appointment, rather than a 30 or 45 minute appointment.
 - **Patients who do NOT reside in NY or NJ** and who are taking controlled substances:
 - **Except for vacations or in some cases college/graduate school, I will not be able to prescribe controlled medications outside of NY and NJ as of 10/1/2023 per Federal law.** I will only be able to continue medical care if you are physically in NY or NJ at the time of the appointment, and prescriptions will only be able to be sent to pharmacies in NY or NJ.
- **For patients taking non-controlled substances in 2025:**
 - **I will only be allowed to prescribe medications for patients living in NY, NJ, CT, FL, and CA as of 10/1/2023 per Federal law.**
 - **If you do not live in NY, NJ, CT, FL, or CA,** I will only be able to prescribe for you if you see me while you are located in one of the above states, and I will only be able to prescribe medications in one of those states.
 - **When patients who live in NY, NJ, CT, FL, and CA are traveling (short term) to any of the remaining 45 states, I am able to prescribe non-controlled substances, as long as the individual state law allows it.** In most cases I can also prescribe to the remaining 45 states in the setting of college/graduate school.
- **For patients on Medicaid**
 - **The laws with respect to Medicaid have, as I understand it, changed, so that either some or all Medicaid plans require a doctor opted in to Medicaid coverage to prescribe medications or labs or both. As I am not opted in to Medicaid, that may mean that your insurance will not cover medications that I prescribe or labs that I order.** In this circumstance, we will either need to find you a Medicaid-accepting psychiatrist or a Medicaid-accepting medical provider willing to collaborate with me—in that scenario, I would function solely as a consultant, and the Medicaid-accepting medical provider would function as the prescribing and lab-ordering physician.

In preparation for the evaluation, please try to obtain copies of the following materials (if relevant):

- **Written summaries of prior mental health treatment**
- **Discharge summaries from hospitals**
- **Medical evaluations or laboratory/diagnostic tests**
- **Neuropsychological/academic evaluations**
- **Auditory/visual evaluations**
- **Speech/language evaluations**
- **Occupational therapy/physical therapy evaluations**
- **Report cards**

If possible, please send me the above material, along with completed forms that I send you by email, ahead of the evaluation. You can return these materials by fax, email, or

snail mail. I will also give you packets of information at the time of the evaluation or soon after. We will discuss everything in the evaluation session, but the forms and background history can streamline and focus our work together.

I will also give you a form to obtain laboratory (blood) tests. If not already obtained in the last 6 months, please go to your doctor or the nearest Quest Diagnostics or LabCorp to obtain the labs; check with insurance to make sure they don't require you use one or the other in order for the labs to be covered. These lab tests will help tease out any medical causes/exacerbating factors of psychiatric problems.

During the course of the psychiatric evaluation, I may recommend other evaluations including but not limited to neuropsychological testing (with a neuropsychologist), speech/language evaluation, occupational therapy evaluation, or pediatric/pediatric neurologic (or internist/neurologic) evaluation.

Some parents (or adult patients) may have concerns that they are embarrassed to raise with professionals. These may involve family problems that may be contributing to your child's behavioral or emotional problems (or, in the case of adult patients, may have contributed to your problems). Such problems as alcohol abuse/alcoholism or substance abuse, marital problems that create frequent conflicts between the parents and may spill over into mistreatment of the child, and episodes of excessive disciplining or physical punishment that may indicate abuse of the child or suspected sexual abuse of the child are just some of the many areas parents may be hesitant to divulge to a professional who is a stranger to them. Please be as open and honest as possible so that I may obtain the most comprehensive understanding of you or your child and recommend the most appropriate treatment plan.

Issues will often develop between sessions that will require discussion. **If at any time you feel that telephone or email communication is not adequate, we should schedule a formal appointment or increase the frequency of formal sessions. This goes for parents as well; regular or semi-regular parent sessions are often a critical component of the treatment plan for children and adolescents.**

There are inherent privacy risks associated with email communication. My business-level Gmail address is only encrypted if the recipient also has business-level Gmail. If you do not wish to communicate via unencrypted email, contact me and we can use the encrypted MDOfficemail email portal, telephone, or you can come in person. If email communication is not clear or timely, contact me or my assistant by telephone.

Please always communicate with me about any new or continued use of over-the-counter, herbal, homeopathic or prescribed medications, alcohol, and recreational drugs; medications, alcohol, and drugs can adversely affect one's psychiatric condition and can be medically dangerous in combination with psychiatric medications.

Also, please note that some common foods can affect medication efficacy, risks and side effects. For example, **grapefruit juice** can increase the levels (and thus side effects and risks) of many psychiatric medications. **Broccoli, Brussels sprouts, and charcoal-broiled foods** can decrease the levels (and thus the efficacy) of many psychiatric medications.

If at any point you feel that you would like to work with another mental health professional, please feel free and comfortable to discuss this with me directly. I will be happy to discuss any problems that have developed in our working relationship and, if necessary, will help direct you to other clinicians.

You can visit my web site to explore low cost mental health services. You can also contact Columbia Behavioral Healthcare for mental health services at New York-Presbyterian Hospital, Columbia; the number is (212) 305-6001 for adults.

In an emergency, please call me, call ‘988’ and/or go to your nearest emergency room. Some Emergency Room options include:

- **Only NYU’s Bellevue has a functioning psychiatric emergency room for children (<https://www.nyconnects.ny.gov/services/bellevue-hospital-center-childrens-cpep-omh-pr-85120656600> ; 462 First Avenue, H Building, NB-ME8)****
- **New York Presbyterian Hospital-Columbia, located at W168th Street and Broadway**
- **New York Presbyterian Hospital-Cornell, located at E68th and York Avenue**
- **Lenox Hill, located at E77th Street and Lexington Avenue**
- **Mt. Sinai-Roosevelt Hospital, located at 10th Ave between W58th and W59th Streets**

Other things to note:

General Billing/Insurance Information

- **You can send in payment in the following ways**
 - You may use **Zelle** (<https://www.zellepay.com/>) for payment, linked to **mark@markwwilsonmdpc.com**; **make sure you type TWO w’s, not one.** It is also linked to (917) 621-6615.
 - You may use **PayPal** ([paypal.me/markwwilsonmdpc](https://www.paypal.com/mec/markwwilsonmdpc)); **make sure you type TWO w’s, not one; it’s linked to my email mark@markwwilsonmdpc.com.**
 - **You can give my assistant credit card information.**
 - **You can send payment in by check to my office address above.**
- **Fees below full fee will be increased by ~2-5% annually at the start of the year, never to exceed full fee.**
- **I do not take any insurance, so payment of the bill is independent of and not contingent on the timing of and/or extent of possible insurance reimbursement.**
- **For out-of-network reimbursement by insurance**
 - **Make certain your insurance company has my Tax ID Number (26-2982463, Mark W. Wilson, MD PC).**
 - **Once you complete your portion of the CMS 1500 insurance reimbursement form, you must submit the form to insurance yourself, after making and keeping a copy for your records.**
 - In most cases, I have only completed my portion of the form; make sure every item in the form is completed with your information for your portion.
 - Sign items 12; leave item 13 blank.
 - Diagnostic codes are listed under 21 (A-L); it is then “coded” in 24 E (as, for example, “A” or “AB”). Despite the CMS form explaining how I am to complete the form, insurance will often inaccurately claim I did not list the diagnosis.
 - Complete item 29 if not already completed.

- You do not need to return the bill/insurance form to me with your payment; make sure to send the form to insurance if you are seeking reimbursement.
 - Make sure your insurance company knows to send reimbursement directly to you and not to me; I must return and insurance payments sent to me back to your insurance.
- **My NEW routine, non-emergency office number is now (917) 566-5798;** the old number, (917) 441-2344, will no longer be used.
- **My NEW emergency number is now (917) 621-6615;** the old number, (347) 741-8521, will no longer be used.
- **For patients taking controlled substances in 2023:**
 - **Patients who reside in NY or NJ** and who are taking controlled substances:
 - **For all ADULT patients receiving controlled substances, I will have to see you virtually OR in-person a minimum of three times-a-year;** under certain circumstances I can allow for a 15 minute appointment, rather than a 30 or 45 minute appointment. **One of these appointments is required by law to be in person at the office.**
 - **For all CHILD/ADOLESCENT patients receiving controlled substances, I will have to see you virtually OR in-person a minimum of four times-a-year;** under certain circumstances I can allow for a 15 minute appointment, rather than a 30 or 45 minute appointment. **One of these appointments is required by law to be in person at the office.**
 - **Patients who do NOT reside in NY or NJ** and who are taking controlled substances:
 - **Except for vacations or in some cases college/graduate school, I will not be able to prescribe controlled medications outside of NY and NJ as of 4/1/2023 per Federal law.** I will only be able to continue medical care if you are physically in NY or NJ at the time of the appointment, and prescriptions will only be able to be sent to pharmacies in NY or NJ.
- **For patients taking non-controlled substances in 2023:**
 - **I will only be allowed to prescribe medications for patients living in NY, NJ, CT, FL, and CA as of 4/1/2023 per Federal law.**
 - **If you do not live in NY, NJ, CT, FL, or CA,** I will only be able to prescribe for you if you see me while you are located in one of the above states, and I will only be able to prescribe medications in one of those states.
 - **When patients who live in NY, NJ, CT, FL, and CA are traveling (short term) to any of the remaining 45 states, I am able to prescribe non-controlled substances, as long as the individual state law allows it.** In most cases I can also prescribe to the remaining 45 states in the setting of college/graduate school.
- **For patients on Medicaid**
 - **As I understand it, the laws with respect to Medicaid have changed, so that either some or all Medicaid plans require a doctor opted in to Medicaid coverage to prescribe medications or labs or both. As I am not opted in to Medicaid, that may mean that your insurance will not cover medications that I prescribe or labs that I order.** In this circumstance, we will either need to find you a Medicaid-accepting psychiatrist or a Medicaid-accepting medical provider willing to collaborate with me—in that scenario, I would function solely as a consultant, and the Medicaid-accepting medical provider would function as the prescribing and lab-ordering physician.
- **Reminders**
 - **Always request refills from me directly, even if you've already notified your pharmacy.**
 - **Always send me copies of insurance cards whenever insurance changes or a prior authorization is needed.**
 - **Always request a new release of information sheet for any new clinician involved in your care.**
 - **I do not accept Medicare; I am formally opted out.**
 - **As such, the law demands that you not submit my invoices for Medicare reimbursement for my services**
 - We must have a written “contract” for the agreed upon fee for my services.
 - **If at any time you feel I made a billing error, please let my assistant Eric Scott Kincaid or me know, and we will make any necessary corrections immediately.**

- **Balances overdue for more than 60 days may be charged a monthly late fee of 5% of the total overdue balance, unless a payment plan is arranged with me.**
- **For those prescribed stimulant medications or Strattera (atomoxetine), please:**
 - **Buy an electronic wrist blood pressure/heart rate cuff** from either Amazon, Hammacher Schlemmer, Brookstone, or Sharper Image, and periodically let me know the measurements, especially during an appointment.
 - **Update me on current weight and height around the time of each appointment.**
- There are inherent privacy risks associated with email communication. My email is business-level Gmail, which is only encrypted if the recipient also has business-level Gmail. If you do not wish to communicate via unencrypted email, contact me and we can use the encrypted MDOfficemail system, an encrypted portal, telephone, or you can come in person.
- If email communication is not clear or timely, contact me or my assistant by telephone.
- At the start of each telehealth session, I will ask where you are located and whether you have full privacy for your telehealth session.
- With respect to letters for emotional support pets, I can write a letter stating you are in my care, your diagnosis, and that your pet provides you support (generally). I cannot say it's a formal recommended medical accommodation or treatment.
- As a physician, I am committed to ensuring that my patients receive appropriate medical care and treatment. You can get information about your rights and how to report professional misconduct by visiting www.health.ny.gov/professionals/doctors/conduct.
- The federal No Surprises Act takes effect on 1/1/2022; please see the "Fees and Billing" section of my website (<https://www.markwilsonmdpc.net/fees-billing-and-insurance-info>) or request the info sheet from me for more details.

The Federal "No Surprises Act"

- The Federal No Surprises Act takes effect on 1/1/2022. Under the law, healthcare providers need to give patients who don't have insurance or who are not using insurance a Good Faith Estimate of the bill for medical items and services.
- You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency items or services. This does not include any unknown or unexpected costs that arise during treatment. You could be charged more if complications or special circumstances occur.
- Make sure your healthcare provider gives you a Good Faith Estimate in writing at least 1 business day before your medical service or item.
- You can also ask your healthcare provider, and any other provider you choose, for a Good Faith Estimate before you schedule an item or service.
- If you are billed for more than the Good Faith Estimate of medical costs,
 - You have a right to dispute the bill
 - You can ask the provider for an updated bill to match the Good Faith Estimate
 - You can ask to negotiate the bill
 - You can ask if there is financial assistance available
 - You have a right to initiate a patient-provider dispute resolution process with the US Department of Health and Human Services if the actual billed charges substantially exceed (by at least \$400) the expected charges included in the Good Faith Estimate.
 - If you choose this route, you must start the dispute process within 120 calendar days (about 4 months) of the date on the original bill
 - There is a \$25 fee (paid to US Department of HHS) to use the dispute process
 - If the agency reviewing your dispute agrees with you, you will have to pay the price of the Good Faith Estimate
 - If the agency reviewing your dispute disagrees with you and agrees with the provider, you will have to pay the higher amount
- The initiation of a patient-provider dispute resolution process will not adversely affect the quality of healthcare services furnished to you.
- Make sure to save a copy or picture of your Good Faith Estimate.
- **For questions or more information about your right to a Good Faith Estimate, visit www.cms.gov/nosurprises or call 866-226-1819.**

- There may be additional items or services the provider may recommend as part of the course of care that must be scheduled or requested separately and are not reflected in the Good Faith Estimate. Upon request, the Good Faith Estimate can be updated.
- The information provided in the Good Faith Estimate is only an estimate; actual items, services, or charges may differ from the Good Faith Estimate.
- The Good Faith Estimate is not a contract and does not require the uninsured (or self-pay) individual to obtain the items or services from the provider.

One final word, the evaluation session(s) can be very intense and loaded with many questions as well as a lot of information about psychiatric issues. If the session(s) feel too intense or too rushed (in my effort to accomplish a great deal in a short period of time), please feel free to set up one or more other appointments to flesh out any questions you may have.

Sincerely,

Mark W. Wilson, MD