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PATIENT INFORMATION

Location: This office is located in the Oakland section of Pittsburgh, near the University of Pittsburgh and Carnegie-Mellon University campuses. It is located in a large condominium building (“University Square”) located on Fifth Avenue, taking up the whole block from Craig Street to Neville Street. On the other corners of the intersection at Fifth and Craig are St. Paul’s Cathedral, PNC Bank, and Citizen’s Bank. There are several entrances into the University Square building; my office is at the entrance across the street from the Fairfax Apartments entryway, at the lamp-post with the “4615” address sign on it. The office is located on the first floor, and is wheelchair accessible.

Parking: Parking spaces on Craig Street, Fifth Avenue, and other surrounding streets can often be found, especially in the morning. Be sure to put quarters in the meter as this area is sometimes ticketed, and tickets are expensive. The maximum amount these meters take is 1 hour (two quarters). If street parking is not available, then there are several nearby parking lots which almost always has space, and are all within a five minute walk. **1)** The closest lot to park at is behind and underneath the Citizens Bank building. This lot costs \$4 for up to one hour, or \$5 for two hours. This is reached by turning onto Henry Street just behind the bank (off of Craig, a half block down from Fifth Avenue). You get a ticket from the entry machine, drive down under the building where an attendant will park your car. On leaving, you pay with your ticket at the self-pay machine. **2)** You can also easily park at the museum parking garage, which has 400 spaces. This is entered through the toll booth at the corner of S. Craig and Forbes. The cost is \$3 for one hour, or \$4 for two hours, and is a 5 minute walk from our office. **3)** There is a large parking garage underneath the Sterling Plaza Building at the corner of North [not South] Craig and Bayard, just past the gas station. This is about a six minute walk from our office. The cost is \$3 for up to one hour, and \$4 for one to two hours.

Buses: There are many buses which go in both directions on Fifth Avenue and stop almost in front of this office. If you take a bus which comes up Forbes, get off at Craig Street (at the Carnegie Art Museum). The walk from there to my Fifth Avenue office is only four minutes.

Office Schedule: Office hours are 8:30 a.m. to 5:30 p.m., Monday through Friday. Earlier or later times can be scheduled on an occasional basis. Evening or weekend hours are not available.

To Reach Me: My office can be reached at any time at (412) 682-1259. If you call at 5 minutes before any hour on weekdays, I often pick up the phone myself. Otherwise leave a message on my voice mail. Regular calls during weekdays (but not evenings or weekends) are almost always returned by me the same day. If there is an emergency or urgent matter, please call my answering service at (412) 563-9852, and ask that I be paged; they can usually get me immediately in this circumstance. Please do not hesitate to call if there is any matter of concern which you feel should not wait until the next scheduled appointment.

Making, Changing, Canceling, and Missing Appointments: After evaluating your situation and needs, I will make a recommendation about whether further treatment appears to be indicated or not. If so and you would like to pursue this, we will either set a definite next appointment, or I will ask you to call after a certain amount of time to set up another appointment. For non-emergency situations, it is most helpful if you contact me several weeks in advance of when we should meet. In urgent situations, I can almost

always arrange to see you promptly. If you need to change or cancel an appointment which we've scheduled, it is important that you give me as much notice as possible. If the cancellation occurs *less than 48 hours* before the scheduled appointment, this is generally too short a time period to allow me to reschedule someone else for this appointment time; *under that circumstance the full cost of the scheduled appointment will be charged to you (insurance companies will not reimburse for any of this). Missed appointments are similarly charged for.*

Evaluation: Please bring the completed “Insurance/Background Information” form and your insurance card with you to our first meeting. A thorough evaluation is the key step in giving you the best possible help. When I first meet with you, I will ask you for full details about your current concerns. In addition I will ask about your background, your family, your medical history, what prior treatment you have had, etc. The information you provide on the questionnaire I’ve sent you will be quite helpful and important. I will likely ask for your permission to send for records of prior treatment or hospitalizations. If you are concurrently seeing another therapist, I will likely communicate with that person. In some instances I may ask you to have some laboratory testing performed, or to have some psychological testing done. It is by this process that I can most clearly determine what should ultimately be most helpful to recommend to you. This will also help clarify those instances where some overlapping physical problem may need to be addressed. It will determine which of a variety of psychiatric interventions, via myself or by referral to others, will likely be of most benefit.

Psychotherapy: Psychotherapy can have several different goals. For some individuals, relief from disabling symptoms is the primary goal, and psychotherapy in this circumstance is very specifically directed towards learning techniques to contain or eliminate these symptoms. This can often be effective in a relatively short amount of time (e.g. several months). For other individuals, psychotherapy is directed more broadly at addressing difficulties with relationships or with complicated feelings within one’s self. In that situation, psychotherapy can be a process that gives you the opportunity to learn about yourself in a very thoughtful manner. The goal with this type of therapy is to allow you to understand the feelings you have in all of their complexity, how this shapes your behavior, how you came to be this way, and what the consequences are for your present situation. While such knowledge will not change you into a different person, it hopefully can give you the opportunity to manage the feelings and behaviors you have in as adaptive and satisfying a way as possible.

The techniques of psychotherapy are straight-forward: We will meet probably once a week, for a 45 minute session, and talk sitting face to face. If your goal is primarily to deal with some current or focal problems, often a few months of discussion is sufficient. However, if your concerns relate to long-standing aspects of your personal functioning that you view as self-defeating, then generally a longer course is necessary. For problems of that nature, I will probably ask you for more detailed background information in the initial sessions. Following this, discussion addresses areas that are most important to you. It is important that you be as candid as possible in sharing your concerns and emotions. It is through this process that insight develops, giving you the opportunity for more effective functioning in the future.

Most psychotherapy is conducted individually. However, it may be that the concerns in question are not simply those of one individual, but rather of a couple, or at times of a family. If you view this as being the case and feel it would be a good idea, having these other significant people also come to your therapy sessions can often be helpful. For those patients with very serious illness, it is often helpful to include family members in discussion, as they are affected by and are important in the treatment of such problems.

Medication: Medications may be recommended if there is likelihood of significant benefit. This is often the case for serious illnesses, for problems which interfere with daily functioning or disrupt ordinary body rhythms such as sleep, appetite, energy levels, etc., or when depression or anxiety are significant. Medication sometimes may also be helpful for less serious difficulties. If there is a reason to consider

medication, I will discuss at length with you the pros and cons of this option, the potential side effects of medication, and the likelihood of benefit. Your personal preferences in this regard are very important, and will be the major factor in weighing this step.

If you are taking medication on a longer-term basis and seeing me infrequently to reevaluate this, please contact me a month before your final refill runs out to request a re-evaluation for prescription renewal. This will allow time to schedule a reevaluation, to have lab tests done where necessary, and to provide you with new prescriptions at your appointment before your prior prescription runs out. ***Please note that there is a \$10 fee, not covered by insurance, if I am asked to phone or mail routine prescription refills for you (or replacements for lost prescriptions) outside of our office appointments.*** This charge, which is for the time involved in first reviewing your records and then in phoning/ mailing prescriptions, is easily avoidable by making recommended follow-up appointments as described above. There is no charge for phoned prescriptions in urgent and changing clinical situations.

Hospitalization: My orientation is to avoid psychiatric hospitalization whenever possible, even in the treatment of serious illness. Hospitalizations tend to be disruptive of people's lives. Often outpatient treatment can accomplish what is necessary without the need for hospitalization. However, there are occasional circumstances when a hospital admission is needed and can be of significant value. If this might become a possibility with your situation, I will discuss this at length with you. I am a member of the medical staff at Western Psychiatric Institute and Clinic, and in the past have also been affiliated with Forbes Regional Health System and St. Francis Medical Center. However, because my schedule does not allow for daily in-hospital contact, if you need to be hospitalized I will refer you whichever hospital in this area can best meet your needs (depending on your particular problem, your preferences, and your insurance coverage). While you are hospitalized, the attending psychiatrist on that unit will provide daily inpatient treatment, and I will resume seeing you again after discharge. I will communicate with the hospital treatment team and may also speak with you by phone while you are there. You can reach me by phone while in the hospital if the need arises.

Emergencies: In any emergency call my answering service at (412) 563-9852 and let them know I should be paged immediately. I can usually get back to you promptly, although occasionally this might take several hours. If a situation arises which is so urgent that it should not wait for my return call, you can get immediate advice from the Emergency Room at WPIC (Western Psych) at (412) 624-2000. If there is a serious crisis, you should go immediately to the nearest hospital emergency room if you are able to do so, or call 911 (or your community's equivalent) if you are not able to get to an emergency room immediately.

If You Are Also Receiving Treatment From Other Providers: Please make sure that I am fully aware of this. It may be important that we communicate to make sure that treatment is properly coordinated. Please be aware that I am a solo practitioner, who is not directly affiliated with any other provider. If you are also seeing another provider, that person is an independent practitioner who makes independent clinical decisions, and for whom I have no supervisory authority.

Fees, Billing: I will discuss fees with you when we first meet. The services most usually provided are the initial comprehensive evaluation, psychotherapy (45 minute session), and medication evaluation sessions (20 minutes). Each of these services are charged at different rates, based on the time involved. There are two methods of payment: 1) you may pay at the time you are seen, or 2) I can bill you at the end of the month. If you choose to be billed at the end of the month, ***it is expected that you pay the balance in full within 30 days.*** If this is not feasible, I'm happy to discuss alternative arrangements with you at any time - but you need to let me know that there will be a problem. Unless other arrangements have been made, **balances which are not paid within 30 days will have a \$5 late fee added each month this continues to go unpaid.** Please respect the request to settle balances either at the time of service or when you

receive the initial bill to avoid this. ***Please note the information above about charges to you for sessions which are missed or cancelled on short notice, and for phoned or mailed prescriptions.***

"Managed Care Insurance": If your insurance company has to approve your treatment ahead of time, or directs you to certain health care providers who are on their approved list to get a higher level of coverage, then you are insured under "managed care insurance". Select Blue, Preferred Blue, Keystone Blue, Security Blue, UPMC, Aetna-USHealthCare, and Value Options are examples of this type of insurance. I am a participant in many such managed care networks. If you are insured in this way, and I am an affiliated provider, then the billing is handled as follows: The fees have been negotiated with the insurer, and are different for each company. For these companies, I will generally bill you at the end of each month for copayment or deductible amounts only. ***It is expected that you pay this in full within 30 days of receiving my bill for this.*** I will bill the rest of the fee to the insurer, who will pay me directly.

Managed care companies often require that any ongoing care be periodically reauthorized by their reviewers. A few companies may attempt to deny reimbursement for care even when it is clearly appropriate (although this is unusual in my practice). In that instance I will serve as your advocate to protest such decisions. Note that some managed care companies may only cover 20 visits per year, in total among all mental health providers. You should ask your insurer about this early in treatment. It is very unfortunate and short-sighted in my opinion that some employers will opt for such limited coverage.

If you are insured by a managed care insurer, but I am not affiliated with that insurer, you can still receive my services. It is likely that your insurance reimbursement will be somewhat lower in this situation, so you should check ahead of time what the specific coverage and costs will be.

As managed care insurance coverage can become complicated, I'm happy to discuss this with you at any time to help clarify the particulars of your insurance.

Fee-For-Service Insurance: If you have this type of insurance (Highmark "Comprehensive" with Major Medical is an example), I will provide you with an itemized statement for all services. If you choose to pay by the session, I will give you this statement at the time of payment. If I bill you monthly, the bill I send will be the itemized statement. This statement has all the information needed by insurance companies for processing. You should pay this in full to me, and submit my statement to your insurer to get reimbursement.

To receive reimbursement from your insurer, you should call them and request a claim form. Fill in the section of the claim form which requests patient information such as your address, group and ID number, etc. You can then Xerox as many copies as you'd like of this for future use. Then staple to this claim form the itemized statement which I've given you, and send it to your insurer's claims office. They will then send you a check covering these services, up to the limits of the policy. I recommend that you send in claims each month. It can be helpful to keep a copy of everything that you send, in case glitches occur in processing of your claim. The physician's section of your claim form does not need to be filled in by me, nor be signed by me. The itemized statement I give you substitutes for this, and is accepted by all insurers.

Most claim forms have a box to check off or a line to sign depending on whether you want the check sent to yourself or to the doctor; you should have the check sent to yourself.

As noted above, you are still expected to directly pay me your balance in full within 30 days of receiving the statement; your filing for and receiving insurance reimbursement is independent of this.

If you will be receiving treatment over a period of time, it is important to find out ahead of time what amount of coverage your insurance provides. Some policies provide coverage for 80% or more of the cost. At the other extreme, some policies provide for very little reimbursement for mental health treatment. You can get this information from reviewing your benefit book, or by calling your insurer directly about this.

Confidentiality: Everything we discuss is confidential, and can be shared with no one else unless you request me to do so. There may, however, be several exceptions to this, which include: 1) when it may be in the best interest of your overall health care that there be open and ongoing communication between myself and your other health care providers, such as the physician who referred you to me, or your psychotherapist if you are seeing someone else for this, or in emergency situations (let me know if you have any concerns about this); 2) with family members (with your knowledge) if there is an emergency situation or they are actively involved with your treatment, usually in situations of serious illness, 3) if there is a serious emergency situation where you have become an immediate and significant danger to yourself or others; 4) if I learn that you or others are engaging in behaviors that may constitute legal child abuse, 5) if I am court-ordered by a judge to provide information about my treatment of you; 6) if your ability to drive becomes an obvious serious concern (the state requires that this be reported), and 7) in dealing with managed care companies if your insurance is of this type (see below).

Managed Care Insurance and Confidentiality: This is a topic of concern to me, and may be to you as well if your insurance is of the “managed care” type. Most managed care insurers require that before they will agree to let you use your insurance for your treatment, they must be told some information about your problems and treatment. While this is usually very minimal data, occasionally they will request significant personal information. They may also demand periodic updates from me about your situation and treatment before they will continue to pay for further ongoing treatment. Managed care companies are bound by law and policy to keep this data confidential, but their procedures do represent an intrusion by unknown individuals into your personal life. Unfortunately you have only two choices of how to deal with this. If you wish to get the maximum level of reimbursement from your insurance, you have to agree to allow your insurer to have access to this information. If such sharing of information is unacceptable to you, you can ask me to not do this and I will not. However, you will then get insurance reimbursement at a lower level and have higher out-of-pocket costs for treatment. I encourage you to discuss this topic further with me if you have questions or concerns here.

Medicare: The Pennsylvania legislature passed a complicated law some years ago, which mandates the following: If you are covered by Medicare, then I will bill you at the end of each month for an amount set by this law, and ask that you pay me this amount in full when you receive my statement. I will submit a Medicare form for you, as required. You will then receive some reimbursement directly from Medicare. This generally amounts to 50% reimbursement of the amount you've been billed by me, after an annual deductible. (Congress has limited Medicare coverage for mental health treatment much more than for other illnesses. You should write your congressman about this.)

If you have other insurance in addition to Medicare (i.e. “Medigap” insurance), the billing becomes more complicated. I will send you my bill as above, and ask that you pay me in full within 30 days. Within a month's time you should receive your 50% reimbursement from Medicare. For most “Medigap” plans you will also get the other 50% mailed to you automatically from the supplemental policy as well. However, for a few Medigap supplemental policies that are not automatically linked to the Medicare bill submission, then you will need to submit to your other insurer that insurer's claim form, along with the computer printout which came with the Medicare check you received. Your second insurer may then reimburse you for some or all of the 50% which Medicare did not cover. It's a good idea to keep copies of everything you send, in case problems arise in processing your claim.

“Medicare HMO’s:” If instead of Medicare you have opted to be insured under “Security Blue” or Highmark’s or UPMC’s other Medicare HMO insurance, then insurance is not handled like traditional Medicare as described in the above paragraph. Rather, it is handled the same as is described in the “Managed Care Insurance” section above. Your only out-of-pocket expense will be a copayment; I’ll bill your Medicare HMO company for the rest. Please note that with these policies, as with any other

managed care insurance, permission will need to be sought periodically from your insurer for you to continue getting services with me.

It's unfortunate that government and health insurers have made this so complicated. However, if you ask me about your specific insurance, I can help you sort all this out.

About Myself: My undergraduate education was at the University of Michigan, majoring in psychology, where I received a B.A. degree With High Distinction. I then attended the University of Pittsburgh School of Medicine, earning my M.D. degree in 1973. Further post-graduate training included a combined internship-residency training program; the medical portions of this were at Presbyterian University Hospital and Montefiore Hospital at the University of Pittsburgh Medical Center (UPMC). Psychiatric training was at Western Psychiatric Institute and Clinic (WPIC) of the University of Pittsburgh. I am fully Board Certified by the American Board of Psychiatry and Neurology.

From 1976 to 1998 I divided my time between private practice in my Oakland office, and consulting with several organizations. This included serving as the Medical Director at a large community mental health center for about 10 years, helping to build a widely respected program there. I also provided psychiatric consultative services to the Butler VA Medical Center mental health clinic and alcohol/substance abuse program for several years. More recently I was the consulting psychiatrist for a forensic psychiatric unit of very seriously mentally ill inmates at the State Correctional Institute Pittsburgh ("Western Penitentiary") for 5 years, helping to considerably raise the standards of care for this very difficult population. As of 1999 I have opted to devote my full time to working with the general public at my Craig Street office.

I am a member of the faculty at WPIC as a Clinical Associate Professor of Psychiatry. I serve on the physician advisory board of the Intestinal Disease Foundation, was a cofounder of the local chapter of the National Depression and Manic Depression Association, and am affiliated with both the national organizations and local chapters of the Obsessive Compulsive Foundation and Trichotillomania Learning Center. I have participated in numerous programs in the community given by a variety of mental health support and educational organizations, wrote a column for the public on various psychiatric topics for many years, and have published articles in professional journals. I am a past-president of the Pittsburgh Psychiatric Society. I served for many years as the chairman of that group's Public Psychiatry Committee, and also participate on the Governmental Relations Committee of the Pennsylvania Psychiatric Society. Honors received include election to Phi Beta Kappa, and the E. W. Early Award in Psychiatry from the University of Pittsburgh. I have been named a Distinguished Fellow of the American Psychiatric Association, an honor awarded for significant professional accomplishment. Organizations I belong to include the American Psychiatric Association, Pennsylvania Psychiatric Society, Pittsburgh Psychiatric Society, Pennsylvania Medical Society, and Allegheny County Medical Association.

I work with adults, ages 18 through elderly. Areas of particular interest and experience include the treatment of:

- Depression, both mild and severe, including manic-depressive (bipolar) illness, depression mixed with anxiety, and depression associated with pregnancy and postpartum states
- Anxiety disorders, from stress-related difficulties through more severe panic and phobic disorders
- Relationship problems (including issues of loss, dependence, commitment, conflict, openness, divorce), and self-esteem related problems
- Obsessive-compulsive disorder, and trichotillomania (compulsive hair pulling) – this is an area of additional special interest for me
- Serious psychiatric illness, including treatment of schizophrenia, other psychotic disorders, and serious personality disorders
- Alcohol and substance abuse related problems

- Disorders where psychological and physical factors overlap, including chronic gastrointestinal, neurologic, allergic, musculoskeletal, hormonal, and other disorders
- Complex psychiatric disorders, where the diagnosis is unclear, or prior treatments have not adequately resolved the problem
- Work-place related difficulties, such as job stress concerns, work disability due to psychiatric problems, and employee-employer conflicts
- Many other psychiatric problems

Any Questions? Please ask about any aspect of our interaction for which you need further information, or which you are concerned about. It is important that the practical aspects of treatment be workable for you, so as to not interfere with the psychological and emotional work of treatment (which is often difficult enough in itself!).

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