



## **PAYMENT POLICY**

### **Health Insurance**

Your health insurance policy is a contract between the policyholder and the insurance carrier. Health insurance is not a guarantee of payment and does not relieve the consumer of financial responsibility for psychotherapy provided by Oregon Mental Health Services, LLC. The consumer and/or policyholder are responsible for ensuring that payment for all charges is paid in full. This may require the consumer to negotiate directly with their insurance carrier.

### **Insurance and Billing**

As a service to our consumers, Oregon Mental Health Services will prepare and file insurance claims to primary and secondary insurance carriers. The consumer is responsible for providing accurate insurance information and reporting all changes in coverage to the clinic within 15 days of changes in insurance coverage. Any loss of payment due Oregon Mental Health Services, LLC as a result of inaccurate insurance information provided by the consumer will result in the consumer being responsible for the full cost of treatment which is denied by the insurance carrier.

Your insurance coverage and benefits will be verified by Oregon Mental Health Services, LLC prior to being seen for your first appointment. You will be required to complete a fee agreement which will identify the portion of your treatment not covered by your insurance plan based on the information we have at the time. The deductible and/or co-insurance defined by your insurance carrier are due on the date of service. Any questions about insurance eligibility and benefits can be addressed to Stacy Fountain, Office Manager or your therapist, who will request information from the appropriate clinic staff person.

### **Payment for Services**

Consumers are expected to make payment for services for which they are personally responsible on the same day services are provided. This reduces the time and cost of billing. Payment may be made with cash, check or credit card to Oregon Mental Health Services, LLC.

Billing statements will be prepared and sent to clients monthly when a balance is personally due. Any remaining balance after insurance has paid is due within 20 days of receipt of a billing statement. For clients using health insurance benefits, any charges not paid by your carrier within 90 days will be due and payable by the client. If payment is subsequently made by your carrier, a refund will be made to the client within 20 days of receipt.

Please keep copies of your billing statements from Oregon Mental Health Services, LLC and the Explanation of Benefits sent by your insurance carrier. A fee of \$25 may be charged to reconstruct an account history.

*165 W. Netherwood Dr. Suite A  
Oregon, WI 53575  
608-835-5050 608-835-5010 Fax*

## **Late cancellation/No-Show Policy**

Attending scheduled psychotherapy appointments is necessary to successfully address the mental health concerns which bring consumers into treatment. Missing appointments has negative consequences for the consumer, the clinic and other consumers who could benefit from the missed appointment. Oregon Mental Health Services, LLC has adopted a policy to encourage regular attendance, and minimize the negative impact on the clinic and its consumers.

The consumer may be assessed a \$35 no show/late cancellation fee when a psychotherapy session is missed or cancelled without notifying the therapist 24 hours in advance. This fee is to be paid before another appointment is scheduled with the therapist. You will receive notification in writing after 2 failed appointments of the potential for discharge for subsequent missed appointments. Failure to attend a scheduled appointment for the third time may result in discharge from treatment. Appointments that are cancelled late due to illness of the consumer or illness of a person cared for by the consumer are not subject to the late cancellation policy. Cancellations due to weather conditions that present risk of travel by the consumer to the clinic are also not subject to the late cancellation policy. Failure to notify the therapist when appointments are cancelled due to illness or dangerous weather conditions are subject to the \$35 no show fee and/or discharge from treatment.

## **Collection Policy**

Oregon Mental Health Services may refer all unpaid balances over 120 days to collections for remedy of debt not paid. This is used as a last resort. Please speak to your psychotherapist if there is a problem with payment.

If you have any questions about this policy, please contact your therapist or Mary Sella, LCSW, clinic Director at 608-835-5050 x102 or Stacy Fountain, Office Manager at 608-835-5050 x 101.

Mary J. Sella, LCSW  
Clinic Director

09/18

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