

Western Psychological & Counseling Services, P.C.  
**POLICY STATEMENT   Columbian United Providers (CUP)**

Please read the following important information

### **Eligibility for Service**

Mental health and chemical dependency services are not denied to any person on the basis of race, color, gender, sexual orientation, creed, handicap, national origin, duration of residence, or age.

### **Appointments**

1. All services are provided by appointment. Following your initial interview, any additional appointments will normally be arranged and scheduled by office personnel at the front desk or your provider.
2. Clients are responsible for presenting a copy of their current medical card to office personnel at each visit.
3. Cancellation Policy
  - a. **Therapy Appointment**
    - i. A **24-hour advance notice** MUST be given for cancelled appointments. If you do not show up for your appointment as scheduled or you cancel with less than 24-hour notice, clients must first make contact with their treatment provider before another appointment will be scheduled.
  - b. **Medication Management Appointment**
    - i. A **48-hour advance notice** MUST be given for cancelled appointments. If you do not show up for your appointment as scheduled or you cancel with less than a 48-hour notice, clients must first make contact with their treatment provider before another appointment will be scheduled.
4. To make, change, or cancel an appointment, please call the office where your appointment is scheduled. If office staff are not available, you may leave a message on the confidential voice mail. **Please do not call Westerns on-call service for appointments or cancellations.**
5. Should the client not schedule an appointment for a period of 30 days and no arrangement was made in writing with the client's provider for said time, the client will no longer be considered an active client of Western and therefore has terminated the counseling relationship.

### **Loss of Benefit**

1. If a client loses their CUP benefits due to eligibility, the following will occur:
  - a. Clients will be informed as to their loss of benefits.
  - b. All remaining scheduled appointments will be canceled until benefits have been reinstated minus all transitional appointments that are deemed clinically necessary and appropriate.
  - c. Clients will be contacted by their provider via telephone to discuss: (1) other treatment options or transfer, (2) cash pay options.
2. CUP clients are responsible to participate in the tracking and knowledge of allowed benefits.
  - a. Copayment (if applicable)
  - b. Visit maximum

### **Payment of Fees**

1. It is customary to pay for professional services when rendered if applicable. Payment of fees should be made at the beginning of the scheduled appointment for plans which require a copay. Consistent payment must be made or services may be discontinued.
2. It is the client's responsibility to inform Western about any changes to insurance coverage, eligibility or personal address changes. Clients are responsible to pay at the time of service any amounts due in order to cover co-payments that may be required by Columbian United Providers. If you have questions regarding the payment of fees, please discuss with your provider. Discuss with your provider any concerns or problems you have paying your account before it becomes delinquent if applicable.
3. If a client fails to be responsible for his/her account, and it is necessary to place a delinquent account into the hands of a collection agency/attorney, the client agrees to pay all court costs affixed by the court.
4. All checks are to be made out to Western Psychological and Counseling Services, PC.
5. There is a \$21.00 service charge to NSF/Returned checks

## Medication Management Services

Medication Management services to include psychiatric evaluations and medication management services are provided by psychiatrists (medical doctors) and PMHNP (Nurse Practitioners). Medication management providers will work with Western Psychological and Counseling services personnel and other health care providers in addressing your treatment needs.

## Medication Refill Policy

Refills of medication can be written at the time of your scheduled appointment. If you need refills of your prescribed medications prior to your next scheduled appointment, notify your pharmacy to fax this WPCS office with your prescription information (Please do not call the office directly). WPCS personnel and/or your provider will be available to fill refills on weekdays during normal office hours only. Please notify your pharmacy at least 5-7 days before your medication runs out or WPCS may not be able to respond to your request. Medication management providers may decline refill requests if clients fail to keep scheduled appointments.

## Emergencies

In case of an emergency there are several ways in which you can reach your provider. You may call your "Western" specific location where you normally see your provider. Western also has a 24-hour on-call service. Clients may call this number and ask to speak with their provider. {24-hour answering service telephone number is (503) 727-3764} If your provider is not available, another WPCS provider will be contacted to assist clients in crisis. WESTERN'S ON-CALL CRISIS LINE IS TO BE USED FOR CRISIS CALLS ONLY.

Please check with your provider for the contact information and corresponding procedures for calling in an emergency.

## Grievance Procedure

Oral/Verbal Grievances/Complaints: Client may discuss their concern verbally with any Western Psychological and Counseling Services employee or may ask to have the Vice President or his designee contact client or the client's parents/legal guardian/representative within 24-hours.

- The person hearing the complaint is required to document complaint on Western's complaint form and forward to the Vice President via confidential fax upon receipt of complaint or grievance.

Written Grievances: Complaint/Grievance forms are made available at all WPCS sites via the front reception window, your provider, any Western employee, or Western's website at [www.westernpsych.com](http://www.westernpsych.com).

- Form is to be completed by client or his/her legal representative and mailed, faxed or turned into the front office.
- All Grievances/Complaints received are to be faxed (confidential fax) to the Vice President or his designee upon receipt.

**No Smoking Policy:** Beginning September 1, 2010 all campuses of Western Psychological & Counseling Services will be non-smoking. We care about your health, the health of others, and wish to promote healthy behaviors. All clients, staff, and providers are required to extinguish all smoking material prior to entering the grounds.

## Client Endorsement

After reading these policies, please sign below. By signing you express that you understand the policies and procedures listed above. Please return form to the front desk. You can request a signed copy for your records. An unsigned copy will be included in your client copy packet to remain with you after your initial appointment.

I have read and understand the policy statement and understand all provisions therein.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_