

Western Psychological and Counseling Services, PC  
**POLICY STATEMENT**

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 (Therapist)
2. Please check in with the office personnel and make any payments when you arrive for your appointment. Providers may choose to reschedule your appointment if co-payment/deductible is not paid.
3. 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, you will be charged \$55.00 for the time reserved for you. Insurance companies will not reimburse for sessions that you do not attend. Payment for the fee will be expected **on or before you next session**.
4. To make, change, or cancel an appointment, please call the office where your appointment is scheduled. **If a receptionist is not available, you may leave a message on the voice mail. Please do not call the after-hours answering service for appointments.**
5. Should you not schedule an appointment for a period of 60-days and no arrangement was made in writing with your provider for said time, you will no longer be considered an active client of Western and therefore you have terminated the counseling relationship.

**Payment of Fees**

1. It is customary to pay for professional services when rendered. Payment of fees should be made at the beginning of the scheduled appointment. Consistent payment must be made or services may be discontinued.
2. If services are covered by insurance, Western will bill your insurance company directly. It is your responsibility to inform Western about any changes to insurance coverage, eligibility or personal address change. You are responsible to pay at the time of service any amounts due in order to cover any deductibles or co-payments that may be required by your insurance company.
3. **SECONDARY INSURANCE** - Western will **only** bill secondary insurance policies for the following insurance companies: Medicare, Medicaid, & Tri-care/Tri-west. You are responsible for the secondary billing for all other insurance companies.  
**NOTE** - You may obtain the necessary information for secondary billing from your primary insurance carrier.
4. If you have a balance on your account, you will receive a statement. All accounts are due and payable within thirty-days of notification.
5. If you have questions regarding the payment of fees, please discuss this with your provider. Discuss with your provider any concerns or problems you have in paying your account **BEFORE** it becomes delinquent.
6. If a client fails to be responsible for the 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.
7. All checks made payable to: Western Psychological and Counseling Services, P.C.
8. There is a \$21.00 service charge for NSF/Return checks.

## Emergencies

In case of an emergency there are several ways in which you can reach your provider. You may call the office at the location where you normally see your provider. Western also has a 24-hour answering service. You may call this number and ask to speak with your provider. (24-hour answering service telephone number is (503) 727-3764. If your provider is not available, another Western provider will be contacted to assist you. PLEASE USE THE ANSWERING SERVICE ONLY FOR CRISIS CALLS. Please check with your provider for the phone number and procedures for calling in a crisis situation.

## Grievance Procedure

- You may discuss your complaint with your provider to resolve the problem/issue
- You may stop the grievance procedure at any point. If you wish to continue the grievance process:
  - a. Complete the complaint form and/or contact the VP of Western (Complaint forms are available at the front reception window or on Western's website)
  - b. Complaints will be reviewed by the VP of Western within seven (7) working days to include final resolution presented to the person filing the complaint.
  - c. If you are unsatisfied with the resolution, you may appeal the resolution in writing to the President of Western. A written response will be provided in thirty (30) days.

**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. If you attend group services at WPCS, breaks will no longer be provided for smoking purposes.

## Client Endorsement

By signing, you acknowledge that you have read the policy statement and understand all its provisions. **You may request a signed copy for your records.**

I have read all pages of this policy statement and understand its provisions.

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

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

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

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

Revised: 6/2010