

POLICY STATEMENT

Please read the following important information.

I. 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.

II. APPOINTMENTS

1. All services are provided by appointment. Following your initial interview, any additional appointments will normally be arranged and scheduled by 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 \$75.00 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 your therapist.

III. 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. Forms of payment accepted are cash (exact change only) or check.
2. If services are covered by insurance, your therapist will bill your insurance company directly. It is your responsibility to inform your therapist 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** –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: Associates of Behavioral Health Northwest.
8. There is a \$21.00 service charge for NSF/Return checks.

IV. EMERGENCIES

Please check with your provider for the phone number and procedures for calling in a crisis situation.

V. GRIEVANCE PROCEDURE

If you are not satisfied with the services rendered to you, you may discuss your complaint with your provider to resolve the problem/issue. If you are unsatisfied with the resolution, you may appeal to the Illinois Department of Professional Regulation.

