

Bridgeway Health Services

(208) 475-0800 Fax (208) 639-0901

(208) 246-0123 Fax (208) 246-0125

1032 S. Bridgeway Place Eagle, ID 83616

OFFICE POLICY

APPOINTMENTS

We are pleased you have chosen Bridgeway Health Services for your mental health care. We make every effort to allow ample time for every patient, as quality of care is very important. It will be your responsibility to contact this office 24 hours in advance if you are unable to keep your appointment. Missed appointments and appointments **not canceled** 24 hours prior to the scheduled time may be subject to a charge of **\$50.00**. If you will be more than 5 minutes late, please call to reschedule. Multiple no shows or cancellations may result in discharge from the practice and referral elsewhere. Sometimes a record keeping software will interpret conversation and create a note. **No patient will present to this office with any item, which could be considered a weapon and or a threat to the safety of all in this office.** Patients who have permits to carry a concealed weapon are required to remove the weapon before entering the office. Because we want to provide you with the utmost privacy regarding your visits, please be sure to provide us with a phone number where we may leave a message regarding your care if you are unavailable.

PAYMENTS

All patients are responsible for making the required payment at the time of the service. For self-pay patients, full payment is required at the time of the service. We accept cash, CC/Debit Cards, checks, and money orders. **If your check is returned because of non-sufficient funds, a \$25 service fee will be added to your check and collected by the office manager.** Post-dated checks are not accepted in this office. Accounts over 90 days will be forwarded to our collections attorney. Any further services will require past debt to be paid in full prior to receiving further treatment. If the account has been sent to collections, and paid in full, you may return as a patient.

MEDICATIONS/PRESCRIPTIONS

Patients requiring medications are provided with a prescription at the time of their office visit. Patients requiring refills on their prescriptions outside an appointment must contact their pharmacy and the pharmacy must request the refill from this office. **We request that you allow at least a 48-hour turn around for this service.** We follow the State of Idaho requirements for good practices and prescription monitoring. Certain medications may require lab tests and more frequent medical checkups. Some insurance companies will only allow a 30-day supply of medication to be dispensed by your pharmacy; in this case, the patient will be required to be seen to receive a new prescription.

INSURANCE

Your insurance coverage is a contract between you and your insurance company. We are not a party to that contract. This office will file claims to the patient's insurance(s) only for reimbursement. Our fees fall within the range allowed by most carriers and therefore, are covered up to the maximum allowance determined by each carrier. To verify your coverage, this office will contact your insurance company. **This does not guarantee payment of services!** Not all services are covered benefits in all insurance contracts. It is your responsibility to learn from your insurance company what it will/will not cover under your contract. If your insurance requires a pre-authorization, you are responsible for obtaining that authorization. If you fail to do so and your insurance denies payment, you are responsible for the visit in full. We must emphasize; our relationship is with YOU not your insurance company. While the filing of the insurance claims is a courtesy, which this office extends to our patients, **all charges are your responsibility and must be paid within 30 days from the time services are rendered.**

Printed Name

Client or Parent/Guardian Signature

Date