



## Office Policies

**APPOINTMENTS:** Services are by appointment only. This time slot has been reserved just for you. In the event of an emergency, every effort will be made to work you into the schedule. It is recommended that you plan to login to your appointment early.

**CANCELLATIONS or LATE ARRIVALS:** Cancellations for non-emergencies must be made 48 business hours in advance. In the event that you need to cancel an appointment on a Monday, cancellation must be done on Friday by 5 PM in order to avoid being charged. **Cancellations made less than 48 hours in advance will be charged a \$100 fee. Same day cancellations will be charged the full fee for your visit (\$320 for a new patient visit, \$145 for a follow up visit). You will also incur this fee if you arrive more than 10 minutes past your scheduled appointment time.** If you have incurred this fee, it will be automatically charged from the credit card kept on file. If the credit card on file has been charged, but an emergency did occur, the balance will be applied towards your next visit. All patients are expected to keep a zero balance. Follow up appointments and refill requests will not be addressed if there is a balance on your account.

**MISSED APPOINTMENTS:** In the event that you need to miss your appointment for a non-emergency, we ask that you notify the office so that we may late cancel your appointment. **If you miss your appointment without notifying the office, the card on file will be automatically charged the full fee of your appointment.** This is \$145 for a follow up appointment and \$320 for initial appointments. Excessive missed appointments may result in discharge from the practice.

**REQUESTS FOR RECORDS:** If you have an appointment with another provider or request medical information for any reason, you must notify Kathryn Werner, PA-C, PC DBA White Pine Mental Health & Wellness at least five business days before they are needed. This will allow your provider sufficient time to prepare documentation for you. In the event that you need records sooner, a fee may be charged.

**BILLING:** Kathryn Werner, PA-C, PC DBA White Pine Mental Health & Wellness is only contracted with a small panel of insurance carriers. It is your responsibility to know what your insurance carrier will or will not reimburse. For patients not utilizing insurance benefits, a fee of \$320 will be charged for new patient visits and \$145 for follow up visits at the time of service. For patients with insurances with which we are contracted, a balance will be posted as soon as an Explanation of Benefits is received and this will be charged to the card on file immediately. The insurance adjusted amount may be higher than the cash rate listed above depending on your insurance benefits.



**PAYMENT POLICY:** Kathryn Werner, PA-C, PC DBA White Pine Mental Health & Wellness requires payment in full at the time of balance. You are required to keep a credit card on file with this office in the event of a no-show appointment/late cancellation. Payment may be made in the form of cash, check (written out to White Pine mental health and wellness) or credit card. It is your responsibility to notify the office if the card on file needs to be updated. Any returned checks or failed credit card payments will incur a \$25 fee. It is required to have a credit card authorization form on file with our office and a current card entered into Luminello.

**CONFIDENTIALITY:** What is shared between you and your provider will be held in strict confidence. Please see the Patient Privacy Notice for more specific details about your Private Health Information. Information will only be shared if the patient has signed a release of information. Please be aware that the following circumstances are exceptions to confidentiality: a) Patient is a physical danger to self. b) Patient is a physical danger to others. c) Child or elder abuse/neglect is suspected.

**MESSAGES:** All messages will be returned as promptly as possible. Messages left after 4 PM will be returned to the following business day. No messages will be checked on weekends or standard holidays. If you need urgent assistance, you may call the provider on call at (208) 391-7280. You may incur a fee for phone conversations over 10 minutes in length. In the event of an emergency, call 911 or go to the nearest emergency department for treatment. Please be aware that providers at White Pine Mental Health & Wellness do not provide inpatient treatment for patients.

**REFILLS:** Refills will typically be handled during your office visit. No routine prescriptions will be refilled after 5 PM during the week, on weekends, or holidays. Check your medications regularly to be sure that you have enough. We are closed on Fridays. Please allow 72 hours for prescription refill requests to be processed. If you have any medication questions, please contact the office. If you miss an appointment and need a refill, you will need to be seen prior to a refill being sent to your pharmacy. No refills will be addressed if there is a remaining balance on the account. You are strongly encouraged to have your pill bottles available at each appointment to ensure that you have enough medication.

**CONTROLLED SUBSTANCES:** We do not prescribe any controlled substances (including but not limited to stimulants for the treatment of ADHD, sedative hypnotics for the treatment of insomnia, or benzodiazepines for the treatment of anxiety). We use only non-scheduled medications at our practice. We are happy to discuss non-controlled substances for your needs but will not be able to prescribe any controlled substances.

**COURTESY:** Please provide your full attention during your appointment. Patients are not to be engaged in activities that distract from the appointment, such as driving a vehicle. If you are not able to provide adequate attention, we reserve the right to reschedule your appointment without refund. Rude or disruptive behavior by



the patient or those associated with the patient that is directed towards any provider, staff or other people associated with White Pine Mental Health & Wellness could result in termination of the provider-patient relationship.

**TERMINATION:** At times, termination between a patient and provider is necessary. Termination of treatment may occur at any time and may be initiated by either the patient or the provider. Reasons for termination by the provider are generally due to non-compliance with treatment, missed appointments, or violation of office policies. If you have any questions about this, please discuss with the provider. In the event that your care needs to be transferred to another psychiatric provider, Kathryn Werner, PA-C, PC DBA White Pine Mental Health & Wellness will provide assistance as able.

**FEES:** Fee structures are subject to change based on the severity of presenting concerns, appointment length, and services provided. The providers at White Pine Mental Health & Wellness have your best interest in mind and alter their scheduling to accommodate meeting your needs. Fees may be added to your account for both direct and indirect patient care for the following purposes listed below. We value you as a patient of the practice and should you have any questions or concerns, please feel free to discuss any pricing or financial issues with the practice manager or owner. For transparency, our fees are also listed on our website.

1. White Pine Mental Health & Wellness will complete applicable forms or paperwork for any patient that has been seen in the last four weeks. There is a \$25 fee for paperwork to be completed outside of your scheduled office visit. We will make every attempt to complete forms during your office visit if time allows for this, but cannot guarantee this can be completed. In the event that these forms require more time and resources, additional fees may occur; however, you will be notified prior to being charged. In the event that you need a form completed with less than 72 hours notice, you may be charged an additional fee. No forms for medical leave or school withdrawal will be completed at a new patient appointment.
2. We value our time with our patients and want to make sure that you are able to discuss what you need during your appointment. Your initial evaluation is generally 60 minutes long and follow-ups are typically 20-30 minutes. In the event that you need or want additional time, there is a \$70 extended service fee for each 15 minutes past your appointment end time if scheduling allows. If there is not time for the extension, an additional follow up appointment may be needed.
3. A provider is available to you 24 hours a day, 7 days a week by phone for urgent matters. Please note that any issues that require longer than 10 minutes will be charged at a rate of \$35 per ten minute intervals. If you are in crisis, please call 911 or go to the nearest emergency department.



Please feel free to request a copy of this document for your own records if needed.

The undersigned acknowledges reading and understanding the policies for Kathryn Werner, PA-C, PC DBA White Pine Mental Health & Wellness.

\_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Printed Name of Patient

\_\_\_\_\_ Date:  
Signature of Patient



## Financial Policies

We do not carry patient balances. All fees are due at the time of service. All patients are required to have a valid credit card or debit card on file in our patient portal.

In the event of a missed appointment without proper notification, the card on file will be charged for the full fee of the appointment. In the event of a late arrival greater than 10 minutes or a cancellation less than 48 hours, the card on file will be charged the full session fee. Cancellations for true emergencies will be rescheduled without a cancellation fee.

You must inform the office if there have been any changes to your payment information. Failure to inform the office of such changes resulting in a declined credit card transaction will result in a \$25 charge to your account.

By signing below, you agree to, approve of, and understand all of the following:

- (Practice name) reserves the right to charge the credit card on file, at any time for service provided by the company.
- If your account at (practice name) carries an outstanding balance for more than 30 days, we reserve the right to charge a late fee of \$25.
- If the card on file is declined, we reserve the right to charge a fee of \$25.
- Cancellations made less than 48 hours in advance will be charged a \$100 fee. You will also incur this fee if you arrive more than 10 minutes past your scheduled appointment time.
- In the event of a missed appointment without proper notification, the card on file will be charged for the full fee of the appointment. This is (\$XXX) for a follow up appointment and (\$XXX) for initial appointments.
- Refills done outside a regularly scheduled appointment may be charged a \$25 fee.
- You have the right to request an invoice/statement at any time.
- (Practice name) will not be held liable for any fraudulent charges made to the credit card account.
- If you are not the cardholder of the credit card on file, you agree to take full responsibility for any charges made by (Practice name) to the card you have provided.

\_\_\_\_\_ Date: \_\_\_\_\_  
Printed Name of Patient

\_\_\_\_\_  
Signature of Patient

This does not represent legal advice and should be used at your own discretion. Legal review is highly recommended.

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