

BRIDGES COUNSELING CONNECTIONS

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BRIDGES COUNSELING CONNECTION COMMITMENTS & EXPECTATIONS

Bridges Counseling Connection (BCC) chief goal is to run an effective, efficient Center for all of our patients. Being up-front and direct with you at the start of our work together is meant to ensure a mutually satisfying treatment relationship. In seeking the best care, we maintain a collaborative practice model. The collaborative practice model requires that cases be presented for review and critiqued by peers within our facility. In this way you are assured that you are given the best possible care and that standards of care are always met, if not exceeded. If you have questions, please ask your clinician for details.

Please carefully review the following items and sign at the end of the document to indicate your agreement with them. If you have any questions or concerns, please let us know so that we may address them. Thank you.

COMFORT ZONE

With consideration of the work we do at BCC, we request clients recognize the facility, and the grounds, as a safe and comfortable zone for all clients. Things we request:

Safety - BCC is a weapon free zone. No weapons of any type are allowed on the premises. We will ask you to leave weapons secured in your vehicle.

Medical - Cigarettes, cigars, pipes; electronic or natural, are not allowed within the facility or 20ft from building.

Animals - please register your animal at the front desk. We will ask you to sign a liability waiver, making you solely responsible for the animals actions and behaviors. Any aggressive behaviors will bar your animal from returning.

Children - It is often inappropriate to bring children into your session, please do not leave them unattended in our lobby. You may be asked to reschedule if they become unruly and disrupt other clients experience at our facility.

KEEPING APPOINTMENTS

We will attempt to place a courtesy call to remind you of your appointment. However, it is ultimately your responsibility to keep the appointment you have scheduled with BCC.

Cancellation parameters:

Weekday appointments, e.g. Tuesday thru Friday, we require 24 hours notice if you decide to cancel or reschedule an appointment.

Mondays requires 72 hours notice if you decide to cancel or reschedule an appointment.

This will allow us to schedule another patient who may need to be seen quickly, since our schedules are usually booked several weeks in advance. We consider a late-cancelled appointment to be the same as a missed or a 'no show' appointment . If we have to postpone your appointment due to a reason on our part, we will do our best to get you in quickly for your rescheduled appointment.

Keeping your appointments is an extremely important part of your care. Please read and initial the next section:

The first no show or late cancellation will carry no charge.

A second no show or cancellation will require that you register a credit card number with our billing company before a third appointment can be made, again - no charge for a second no show.

A third no show or late cancellation will be automatically charged on your credit card at the full rate of the scheduled appointment.

All cancellation will be counted within a calendar year.

This may be difficult for some and if you wish you can be given the names of other qualified providers with whom you may be able to develop a treatment relationship which better suits your needs.

We value your time and will do our best to run on time for your appointments. However, please keep in mind that situations arise that require extra time and attention, in person or by telephone, and may cause us to run late. We may choose to spend extra time with those in crisis, as we would with you in your time of need.

_____ **(INITIAL TO INDICATE YOU READ AND UNDERSTAND ALL ITEMS
RELATIVE TO KEEPING APPOINTMENTS)**

ALASKA MEDICAID

All clients who receive benefits through Alaska Medicaid or Denali Kid-Care need to be aware that it is a state requirement that you must receive an annual evaluation from our medical personnel.

This evaluation would preferably schedule prior to meeting your therapist, but may occur after. These evaluations are lengthy and may require, due to complexity, multiple visits. If you fail to make an appointment (no show or late cancel), miss appointments, or fail to complete the evaluation appointments we can no longer offer you services of any kind.

Our clinic can only offer services to Medicaid or Denali Kid-Care clients who fulfill the state requirements.

All Medicaid or Denali Kid-Care clients are held to this standard. Minors or adults who have legal guardians are also held accountable.

PAYMENT FOR SERVICES

If you use private insurance or Medicaid, we require payment of the portion of your bill not covered by your insurance at the time of each of your follow-up appointments. If you are being seen and have two private insurances (i.e. you have “double coverage”), or use Medicaid/Denali Kidcare combined with any type of supplemental insurance, no payment is necessary at the time of your follow-up appointments.

Many new insurance have large deductibles or long waits for payment. Given that timely payment for our services is expected, if your account becomes more than 60 days past due, we will expect you to set up a payment plan through our billing service. When your company reimburses us and a credit appears on your account, a reimbursement check will be written to you the following billing cycle.

Should your insurance status or personal financial situation status change such that you foresee having difficulty paying your bill, let us know immediately. Once you have engaged our services, it is important to us that you are able to continue. We will attempt to work with you through our billing department to make that happen.

If your account becomes 90 days past due without any attempt on your part to set up a payment plan, or if you do not abide by your payment plan, we reserve the right to cease providing services to you. All accounts reaching the 120-day mark will be turned over to a collection agency. All fees associated with the collection of accounts will be at the client’s expense. In that event, we will provide you with the names of other qualified psychiatric providers with whom you may seek treatment.

_____ (INITIAL TO INDICATE YOU READ AND UNDERSTAND ALL ITEMS
RELATIVE TO PAYMENT FOR SERVICES)

“MANAGED CARE” PARTICIPATION

Any Pre-certification requirements that BCC agrees to do, on your behalf, must be done as a scheduled appointment, and with the client present. This is to ensure that you are fully aware of any information being released to your insurance company. We reserve the right to refuse any pre-certification requirements that we find excessive.

PRESCRIPTIONS AND PRESCRIPTION REFILLS

Part of your treatment may include the use of a prescription medication if it appears to be indicated, has been thoroughly discussed with you, and you decide to use it. We require four (4) business days’ notice to process all medication refill requests. Please plan accordingly. If you have run out of refills on a particular prescription, please call your pharmacy and ask them to fax us a prescription refill request. Of course, you may always call the office directly to request refills; however, the faxing route is the most expedient.

I HAVE REVIEWED THE COMMITMENTS AND EXPECTATIONS SET FORTH IN THIS DOCUMENT AND AGREE TO ABIDE BY THEM WHILE I AM WORKING WITH Bridges Counseling Connection.

DATE:

SIGNATURE: