

Address:  
913 W Canfield Ave  
Coeur d'Alene, Idaho 83815

Phone: 1-208-957-7808  
Fax: 1-949-695-2456



## Office Policies

### Directions for Coeur d'Alene Office:

Use Highway 95. Turn West onto Canfield Avenue where the Olive Garden Restaurant is. Continue up the hill approximately  $\frac{1}{4}$  mile and the office is on the right.

### Insurance Pre-Authorization

It is your responsibility to contact your insurance company to open your case for pre-authorization for treatment and confirm benefits before your first appointment:

- Call your insurance company and get a prior authorization for Treatment at Restored Horizons.
- If you have Idaho Medicaid, you must get a "Healthy Connections Referral" from your Primary Care Provider (PCP).

### Appointments

Patients are seen only by appointment. Before your first visit, please complete all the forms which have been sent to you and be sure to bring them with you to your first appointment. This will allow the office staff and the providers to serve you in the most time efficient manner possible. If this information cannot be completed prior to arriving for your appointment, then ***please arrive forty-five minutes early*** in order to complete the forms.

*Upon arrival at the office for any appointment, always check in with the receptionist immediately to find out if you will be required to give a sample for a urine drug screen.*

### Prescription refill policy

Prescriptions are only issued when the doctor has determined that you would benefit from the medication. No additional prescriptions or refills will be given outside of an appointment.

### Rescheduling / Missed Appointments

When you schedule an appointment, that time is reserved specifically for you. ***It is the patient's responsibility to remember and keep scheduled appointments.*** A minimum of 24 hours' notice is required for rescheduling an appointment or a ***no show fee will be charged of \$20.00.*** Attempting to reschedule with less than 24 hours' notice is still counted as a missed appointment.

Phone: 1-208-957-7808  
Fax: 1-949-695-2456

Address: 913 W Canfield Ave  
Coeur d'Alene, Idaho 83815

Website: [www.mindbodyrestored.com](http://www.mindbodyrestored.com)

Address:  
913 W Canfield Ave  
Coeur d'Alene, Idaho 83815

Phone: 1-208-957-7808  
Fax: 1-949-695-2456



## Discharge

Three no shows or three cancellations will trigger an automatic discharge from our practice.

## Financial Responsibility

- ***Co-pays or deductibles are due at time of service.***
- Cash discounts, if offered, are given only at the time of the appointment when ***paid in full*** at check-in.
- We accept Cash, Credit, or Debit card only. We do not accept checks.

## Payment

Co-pays and Deductibles are collected prior to your appointment when you check-in. ***If you have no insurance, payment in full is required and must be paid prior to your appointment at the time of check-in.***

Many insurance plans require prior authorization for specialty treatment services. It is the patient's responsibility to obtain the authorization for the first visit. We are happy to bill your Insurance with the information you provide us, however, payment by your insurance company is not guaranteed. If your claim is denied or there is lack of authorization, you are responsible for the billed amount.

## Patients with Medical Insurance Benefits

We participate in most major health plans, including Medicare and Medicaid. Our business office will submit claims for any services for a patient who is a member of our participating plans. We will help in any reasonable way we can to get your claims paid. If you have secondary insurance, we automatically file a claim with them once your primary carrier has paid. Your insurance company may require information from you directly. It is your responsibility to comply with their request.

## Proof of Insurance

All patients must complete our patient information form before seeing the doctor. We require a current valid insurance card at your first appointment and thereafter. If your insurance changes, it is your responsibility to bring in a new insurance card. ***Not notifying us of correct insurance may result in you having a balance that will be your responsibility to pay.***

Phone: 1-208-957-7808  
Fax: 1-949-695-2456

Address: 913 W Canfield Ave  
Coeur d'Alene, Idaho 83815

Website: [www.mindbodyrestored.com](http://www.mindbodyrestored.com)

Address:  
913 W Canfield Ave  
Coeur d'Alene, Idaho 83815

Phone: 1-208-957-7808  
Fax: 1-949-695-2456



### **Co-pays and Deductibles**

Your insurance company requires us to collect co-pays at time of service. Waiver of co-pays is fraud under state and federal law. Please help us follow the law by paying at each visit.

Additionally, you may have a coinsurance and/or deductible required by your insurance carrier. Any charges that your insurance does not cover will be billed to you and/or may be expected to be paid at the time of your office visit.

### **Worker's Compensation Claims**

It is your responsibility to report work injuries to your employer and to provide any worker's compensation claim information at your appointment. If you do not have the claim number at the time of the appointment, you will be asked to reschedule or pay in full for the visit. Not informing us that you have a worker's compensation claim will require immediate payment for any services already rendered. It is your responsibility to notify your primary insurance if you have worker's compensation.

### **Waiver of Patient Responsibility**

We treat all patients equally regarding account balances. The practice will not waive or discount co-pays, coinsurance, deductibles, or other patient financial responsibility. This follows state and federal law and is compliant with our contracts with insurance payers.

### **Non-covered and Out of Network Services**

Medical services that your insurance company considers to be non-covered, out of network, or not medically necessary are your responsibility and payment is required.

### **Patients with No Insurance**

If you do not have group or individual medical insurance, payment for all professional services is expected at the time of each office visit.

### **Nonpayment**

All patient responsible balances that are delinquent after 120 days, with no response to requests for payment, may be referred to a collection agency. Please be aware that if a balance remains unpaid, you and/or your immediate family members may be discharged from this practice. If this occurs, you will be notified that you have 30 days to find alternative medical care. During that 30-day period, our office will only be able to treat you on an emergency basis.

Phone: 1-208-957-7808  
Fax: 1-949-695-2456

Address: 913 W Canfield Ave  
Coeur d'Alene, Idaho 83815

Website: [www.mindbodyrestored.com](http://www.mindbodyrestored.com)

Address:  
913 W Canfield Ave  
Coeur d'Alene, Idaho 83815

Phone: 1-208-957-7808  
Fax: 1-949-695-2456



## **Confidentiality and release of information**

Information disclosed within sessions and the written records pertaining to those sessions are confidential and will not be released to anyone without the written consent of the patient or the parent/guardian, in the case of minors and/or dependent adults, except where the doctor is mandated by Idaho law to report otherwise confidential information. Circumstances which are required by law to be reported are:

- Patients who pose an imminent threat of danger to themselves or others.
- Instances of suspected abuse or neglect of a child (physical, sexual and/or emotional abuse).
- Instances of suspected abuse or neglect of a dependent adult.

Disclosure may also be required pursuant to a legal proceeding. If you place your medical and/or mental health at issue in litigation initiated by you, the defendant may have the right to obtain the records and/or testimony from your doctor at Restored Horizons.

Disclosure of confidential information may be required by your health insurance, or HMO/PPO/MCO/EAP in order to process your claims. Only the minimum necessary information will be communicated to the carrier. Providers have no knowledge or control over what insurance companies do with the information they require to be submitted and assume no responsibility for any actions which result from a third party misusing or re-releasing such information without expressed consent.

As a patient, you have the right to review or receive a summary of your records at any time (with notice of 10 or more working days), except in limited legal or emergency circumstances or when your doctor assesses that releasing such information might be harmful in any way.

All other requests to release information regarding your treatment and your condition must be authorized in writing specifically allowing the release of addiction treatment records. Restored Horizons will provide you with a Release of Information form or you may choose to place your request in writing. There will be no charge for releasing records to other treating medical or mental health professionals. For all other requests to copy records, there will be a minimum charge of \$25.00 to cover the expenses of photocopying, postage and handling, or \$0.25 per page, whichever is more.

My signature below signifies that I have read, understood, and agree to the above terms of the office policies, appointment polices, financial policies and office billing/insurance policies.

Phone: 1-208-957-7808  
Fax: 1-949-695-2456

Address: 913 W Canfield Ave  
Coeur d'Alene, Idaho 83815

Website: [www.mindbodyrestored.com](http://www.mindbodyrestored.com)