

WILLOW OAK COMMUNITY BEHAVIORAL HEALTH CENTER

FINANCIAL EXPECTATIONS

Willow Oak Community Behavioral Health Center (WOCBHC) is committed to providing affordable but effective treatment services. Acceptance of individual responsibility for recovery includes being knowledgeable of the financial responsibilities associated with recommended treatment. Payment is expected prior to the delivery of treatment services through one of the following payment options:

Payment Options:

Private Insurance
Medicaid
Medicare
Cash
Visa, Discover, Master Card, American Express

It is your responsibility to notify us of any changes in your insurance coverage. We are responsible for providing you with treatment based on your identified needs. As a result, we will process your insurance claim forms.

Your insurance company will make final determination once treatment is completed and the claim is submitted. Your insurance is a contract between you and your insurance company; therefore, all charges are your responsibility.

I am aware past due accounts will be subject to a charge of 2% per month interest.

I am responsible for all collection costs incurred by the office and on a returned check, a fee of \$30.00.

No Show Appointment Policy:

WOCBHC requires a minimum of 48 business hours to change, cancel or reschedule an appointment, with exception to specific individual circumstances. You may be charged a missed appointment fee if you fail to cancel or reschedule your appointment.

I have reviewed and understand the financial expectations associated with treatment at Willow Oak Georgia.

Individual Signature

Date

Printed Name: _____

Willow Oak Representative Signature

Date