



FINANCIAL POLICY

As COVID-19 has changed our way of operating and brought opportunities to offer virtual treatment services, Willow Oak has done our best to make things as easy as possible for you to make off-site payments and continue to provide affordable, valued care to the individuals we serve.

Payment is expected prior to the delivery of treatment services through one of the following payment options:

- Private Insurance
- Medicaid
- Medicare
- Visa/Mastercard/American Express/Discover Card

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. Past due accounts will be subject to a charge of 2% per month interest and submitted to collections if not paid. You are responsible for all collection costs incurred by the office.

Willow Oak requires a current credit card number and credit card authorization on file with Willow Oak in case of cancellations that are made less than 24 hours in advance or no shows.

For your convenience, there is also an option to select that this card is automatically charged for your co-pay in advance of your appointment. Payments will be drafted the last operating business day before your appointment Monday – Thursday each week, which may be altered slightly by holidays. If you have questions about a draft date, please call us directly and we will go over this with you. **You must have a credit or debit card on file regardless of your choice to participate in automatic payments.**

If you do not choose the convenience of automatic payments via your authorized card on file, **payments must be made Monday-Thursday by 4pm, no less than 24 hours in advance of your session. Any payments/co-pays for weekend appointments must be made by Thursday at 4pm. If your payment/co-pay is not received by this due date, your appointment will be canceled and your credit card on file will be charged the \$50.00 no show/cancellation fee.** This payment policy will be explained at each reminder phone call.

Your credit card authorization, once completed, can be canceled at any time 72 hours or more prior to your scheduled appointment. This can be done by providing written notice to Willow Oak and must include alternate payment arrangements including an updated Credit Card Authorization form.

As always, we continue to offer the convenience of paying through our online payment portal at willowoakgeorgia.com or through contacting the front desk staff (770-683-6946). For payments made through the agency website, select 'Payments' and complete all indicated sections. Your PO number is your first initial and last name.

Secure Transaction 

Billing Information	
First Name:	<input type="text"/>
Last Name:	<input type="text"/>
Country:	United States 
Address:	<input type="text"/>
City:	<input type="text"/>
State/Province:	- Select State - 
Zip/Postal Code:	<input type="text"/>
Phone Number:	<input type="text"/>
Email Address:	<input type="text"/>
Order Information	
PO Number:	<input type="text"/>

Once payments are made, your clinician will be notified that you are cleared for participation in the scheduled session.

Willow Oak requires a minimum of 24 hours to change, cancel or reschedule an appointment, with exception to specific individual circumstances. You will be charged a \$50.00 missed appointment fee if you fail to cancel, participate in, or reschedule your appointment.

I certify that I have read and agree to Willow Oak’s Financial Policy. I understand that payment is my responsibility regardless of insurance coverage. I hereby assign to Willow Oak all money to which I am entitled for medical expenses related to the services performed from time to time by Willow Oak, but not to exceed my indebtedness to Willow Oak. I authorize Willow Oak to release any medical information to my insurance carrier or third-party payer, as detailed via Willow Oak’s Application for Services, to facilitate processing my insurance claims. I understand that failure to pay outstanding balances within 90 days of notification of the amount due will result in submission to an outside collection agency.

Client Printed Name

Parent/Guardian Printed Name (If Client is less than 18 year of age)

Client/Guardian Signature

Date