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Welcome,

This handout is designed to acquaint you with our office. As one of our patients we would like to keep you informed of our current office and financial policies. We ask that you read and sign this document prior to any treatment. If you have questions not covered or that need clarification, please feel free to ask us at any time. Please keep this for future reference.

HOURS and APPOINTMENTS

Office hours are generally 8:00 to 5:00, Monday through Thursday. Our phone frequently goes into voice mail which is checked throughout the day. We will attempt to return your call the same day but on occasion it may take longer. If you have an urgent need that can not wait until the next business day, Dr. Dahmer-White can be reached after hours by calling the office number and pressing "3" as soon as the recorded message begins. Your call will be forwarded to her pager/voicemail and she will attempt to return your call at her earliest convenience. If you are experiencing a mental health emergency and need immediate assistance, please call the Thurston/Mason Crisis Line at 360-586-2800 or go to your nearest emergency room.

Your appointment time has been set aside especially for you and we are unable to fill it without 24-hour notification. If possible, please give notice for Monday appointments on Thursday. Appointments cancelled without required notice or missed without canceling will be billed in accordance with the level of service you were to be seen for. For an initial visit evaluation, a \$250.00 cancellation fee will be charged. For therapy and treatment visits, a \$50.00 cancellation fee will be charged. Insurance companies do not pay for failed appointments.

INSURANCE

- *Please bring your insurance card with you at the time of the appointment. With insurance plans where we have agreed to participate in the network as a provider, your carrier requires that all co-pays be paid prior to services being rendered.*
- *As a courtesy, we will file your insurance claim for you if you agree to have your insurance company pay Dr. Dahmer-White directly. If your insurance company does not pay us within a reasonable time frame, you will be responsible for the balance.*

- *If your insurance requires you to obtain a referral from your primary care physician, it is your responsibility to obtain it.*
- *Any balance due is your responsibility and is due upon receipt of a statement from our office. For your convenience, we will accept Visa and MasterCard. Personal checks and cash are also accepted. Please contact the office if you feel you need to make payments on your balance so we may discuss it with you.*
- *All health plans are not the same and do not cover the same services. In the event your plan determines a service is “not covered,” you are responsible for the complete charge.*
- *For all services rendered to minor patients, we will hold the parent or guardian accompanying the minor responsible for expenses incurred.*
- *If you fail to notify us of an insurance change, you are fully responsible for any amount not paid by your insurance company.*

AUTO ACCIDENT OR LIABILITY

- *If your injury is related to an automobile accident or another party’s negligence, we request that you provide us with any information that will assist us in processing the claim. This may include a copy of the police report, copy of your auto insurance and claim number, medical insurance, names and information of other parties involved, and attorney information. Any unpaid services provided will be your responsibility. It is our office policy to not accept liens for any services rendered.*

NO INSURANCE

- *Payment is due at the time of service. If you are unable to pay your balance in full, you need to make prior arrangements with our office.*

I have read the above information and I agree to the above procedures and policies. Also, I understand and agree that regardless of my insurance status, I am ultimately responsible for the balance of my account.

Signature of Client or Client’s Representative

Date