

*Cattaraugus County  
Department of Community Services  
1 Leo Moss Drive, Suite 4308  
Olean, NY 14760-1156  
Phone: (716) 373-8040  
Fax: (716) 701-3729*

***Financial Policy Notice***

The physicians, therapists and staff of the Cattaraugus County Department of Community Services are dedicated to providing the best possible care and service for you. We would like you to completely understand the following payment policy.

**All co-payments and past due balances are expected at the time of service.**

**Cancellation of an Appointment**

The patient is requested to notify our office at least 24 hours in advance if you need to reschedule or cancel an appointment. You may be charged for missed appointments, no-shows or late cancellations. Patients with a pattern of missed appointments will be re-evaluated for continued services.

**Payment Due at Time of Appointment**

Payment is required at the time services are rendered. This practice accepts cash and personal checks. There is a service charge of \$20.00 for returned checks. Visa, MasterCard, and Discover credit card payments are not currently accepted but may be accepted in the future. If you have a past due balance, any amount paid will be applied to the past due balance first.

Patients with an outstanding balance 120 days overdue must make arrangements for payment prior to scheduling appointments. These accounts will be turned over to a collection agency unless prior arrangements are made with our billing staff. We realize that there may be financial difficulties. Our billing staff will work with you to set up a payment plan.

**Insurance Plan Participation**

The Department of Community Services participates with most major health insurances in the WNY area. It is the patient's responsibility to be aware of his/her insurance coverage, policy provisions, including copays and authorization requirements, as well as whether the providers in this practice are participating network providers, if applicable. **Please notify our office immediately of any change in insurance coverage. Please bring your insurance card to all appointments.**

Patients are strongly advised to contact your insurance carrier to be certain that your insurance plan covers mental health services prior to scheduling an appointment. If mental health services are not covered, you will be billed the self-pay fee assessed based on your household income.

We bill non-participating insurance companies as a courtesy to you. If we have not received payment from a non-participating insurance company within 60 days of the date of service, you will be expected to pay the balance. We will provide you with all necessary information for submitting claims to your insurance company.

## **Worker's Compensation**

If your visit is related to a Worker's Compensation Claim, you must supply the following information to our office at the time of your visit:

1. Employer's name and phone number
2. Employer's comp insurance carrier
3. Date and type of injury along with date reported to employer

## **Custodial Parent Responsibilities**

The custodial parent is responsible for payment at the time of service. This office does not get involved in the financial arrangements between separated parents of a child. It is the obligation of the parents to work out an agreement themselves or through the courts. We will be happy to supply the accompanying parent with a receipt as needed to get reimbursement from the other party.

## **Billing Questions**

All billing questions should be directed to our billing staff at (716) 206-1595. They will be happy to assist you with questions and payments. If you are unable to resolve the issue, please call our office number and speak to the office supervisor.