

Women's Psychiatric Healthcare
Angela M. Andrich, MD
1800 Blankenship Road
Suite 200
West Linn, Oregon 97068

tele: 503-789-8281
fax: 503-722-5999

OFFICE POLICIES

FEES---Initial evaluation: 377.00, usually takes about one hour.
**50 minute sessions, meds and therapy: 300.00-400.00 depends on medical complexity and time spent on therapy.
**20-25 minute sessions, meds and therapy: 200.00
**Telephone visits: no charge for urgent issues; if scheduled phone visit, the fees are same as for office visits, insurance doesn't pay for phone visits.
**Skype visits: fees same, but insurance doesn't pay.
**Any paperwork or phone calls done on your behalf (FMLA forms, letters, lengthy calls to other providers, etc.): 300.00 per hour pro-rated, and insurance doesn't pay for this.

****MISSED APPOINTMENTS WITH LESS THAN 24 HRS NOTICE, FEE IS 300.00 AND INSURANCE DOESN'T PAY FOR THIS.**

INSURANCE—I contract with Blue Cross, Lifewise, MODA/ODS, Providence Preferred, Pacific Source. I am not a Medicare/Medicaid provider. I recommend that you call your insurance provider and confirm your coverage, co-pays, deductibles, etc. Patients are responsible for their account balance whether insurance pays or not.

INSURANCE/OUT OF NETWORK—I accept some insurance as an out of network provider. In these cases, the insurance pays a set amount and you are responsible for the difference between that amount and my fee (see above for fees).

EMERGENCIES—If you feel your emergency is life threatening, please call 911 or go to the nearest emergency room. If urgent, but not life threatening, call me on my cell phone 503-789-8281. Another doctor will cover for me if I am out of town, this info will be on my voice mail.

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SCHEDULING--I work part-time and try to schedule Tuesdays and Thursdays between 10 am and 4 pm. For the rest of the week, days and times vary. Appointments begin and end on time.

MEDICATIONS—for refill requests, please call your pharmacy and they will contact me. Regular appointments and sometimes blood work are required in order for me to refill your medications. If you leave treatment, I will provide you with a 30-day supply of medications (if appropriate) and assist you with finding another provider.

RANDOM DRUG SCREENS—may be required in order to receive prescriptions for medically necessary controlled substances such as benzodiazepines (Xanax, Ativan, klonopin) or stimulants (Ritalin, Adderall, Dexedrine).

FEES—In general, fees for office visits are based on the medical complexity and the time spent in therapy. I will discuss fees in more detail should you decide to contact me about an appointment.

PRE-ARRANGED TELEPHONE APPOINTMENTS AND PAPERWORK—such as FMLA forms, letters, etc., are not covered by insurance plans. The fees for these services will be based on the time spent completing them.

PAYMENT ACCEPTED—Cash, check, VISA/MC/DISCOVER/AMERICAN EXPRESS. Discount given for payment in advance for 5 or more visits.

BILLING—I work with Service Plus Billing at 503-284-8841. If you have an outstanding balance you will receive a statement from them at the end of each month. If you need a payment plan or if you need to pay with a charge card, please contact them. Call them if you have general questions about your account.

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RETURNED CHECK FEE—35.00 (next payment must be cash or money order).

REMINDER CALLS--Appointment reminders are a courtesy. They are usually made 1-2 days prior to your appointment. If a reminder is not done, you are still responsible for coming to your appointment.

MISSED APPOINTMENTS—You will be billed at the rate of 300.00 per hour for missed appointments with less than 24 hours notice and your insurance company won't pay for this. Your appointment time is reserved exclusively for you and it is difficult to fill your time without at least 24 hours notice.

DISCHARGE FROM TREATMENT—I reserve the right to discharge patients from my practice with 30 days notice in the following situations: overdue balance on account without a plan to pay it off, not adhering to your treatment plan, not being forthcoming about drug or alcohol abuse, multiple missed appointments with less than 24 hours notice.

CONFIDENTIALITY AND RELEASE OF INFORMATION—all details of your treatment are kept confidential and won't be disclosed without your written consent. The only exceptions are: 1) Cases of suspected abuse or neglect of a child, elder or disabled person. 2) Cases where I believe the patient presents a clear and imminent danger to self or others. 3) Cases where the court subpoenas me to testify or subpoenas my records. 4) Cases where the insurance company is helping you pay my fee and needs information about a diagnosis and/or reports about treatment. 5) Cases where information is needed to facilitate your treatment in a medical emergency.

HIPAA NOTICE OF POLICIES AND PRACTICES—I am committed to protecting the privacy of your health information. I am required by

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Federal law (Health Insurance Portability and Accountability Act, known as HIPAA) and by State law to protect the privacy of your health information and to offer you a notice that describes (a) how clinical information about you may be used and disclosed and (b) how you can get access to this information.

Please ask for a copy of the HIPAA Notice of Policies and Practices should you wish to have a copy for your records.

INCLEMENT WEATHER—If conditions are icy or snowy, my office will close when the West Linn-Wilsonville School District closes, watch the local news for the weather alerts.

Your signature below indicates that you have read these office policies,

understand and agree to the terms.

PRINT NAME _____

SIGNATURE _____

DATE _____

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