

# KANZA

## Mental Health & Guidance Center, Inc.

### OFFICE AND FINANCIAL POLICY

PROUDLY SERVING  
THE CITIZENS OF  
BROWN,  
DONIPHAN,  
JACKSON, &  
NEMAHA  
COUNTIES  
SINCE 1963

**MAIN OFFICE**  
909 S 2<sup>nd</sup> Street  
PO Box 319  
Hiawatha, KS 66434  
785-742-7113  
fax 785-742-3085

**After Hours Crisis  
#: 785-742-3666**

**COMMUNITY  
SERVICES  
BUILDING**  
2291 Linden Road  
Hiawatha, KS 66434  
785-742-2275  
Fax 785-742-3550

**BRANCH OFFICE  
LOCATIONS:**

**Holton Office**  
713 Idaho  
PO Box 148  
Holton, KS 66436  
785-364-4536  
fax 785-364-4833

**COMMUNITY  
SERVICES - MOSER  
BUILDING**  
510 Kansas  
Holton, KS 66436  
785-362-6008  
Fax 785-362-6009

**Sabetha  
Community  
Hospital**  
14<sup>th</sup> & Oregon  
Sabetha, KS 66534

**Seneca Office**  
Pioneer Building  
711 Nemaha  
Seneca, KS 66538  
785-334-3004  
Phone & fax

**Troy Office**  
Heritage Building  
134 East Walnut  
Troy, KS 66087  
785-982-5050  
Phone & fax

Proper patient registration is important. In earlier times, these policies were not a necessity. Since the insurance trend has shifted to a managed care environment, these policies have been mandated by the insurance industry.

**PLEASE NOTE: It is important that you keep your appointment time that has been set aside for you to meet with a Provider. We ask for your patience as emergencies do occur and may result in a delay in your appointment.**

**Required Paperwork:** It is important that at the initial appointment that you complete the Personal Information form that has been given to you. You must present your current Insurance Card at every appointment. Also if your name address or phone number changes, we must be notified immediately.

**Release of Medical Records:** If you request copies of your treatment record, there will be costs associated with that to include the copying of the material as well as staff time. The costs will be based upon the "Approved Charges for Medical Records from the Kansas Department of Labor", which is published at the beginning of each year on their website. Also, you must complete an Access to Care form and set up an appointment to meet with the Clinical Director or designee.

**Outpatient Therapy Attendance Agreement:** We want to help you succeed in treatment. Your provider is committed to your wellness and recovery, and will meet with you on time and be ready to talk with you about your diagnosis and treatment, and develop treatment goals with you. Missing scheduled appointments interfere with the effectiveness of treatment. You can show your commitment to your health by keeping your appointments.

**No-Show Procedure for Outpatient Therapy:** (a) Appointments should be cancelled with at least 24-hours notice so that the time slot can be filled. If not, this is considered a no show. The time reserved for you prevents another person from receiving our specialized services. (b) If you fail to show up for appointment without calling to cancel, all future appointments will be removed from the schedule. (c) After each missed appointment by a no-show, your provider will discuss the reasons for the missed appointment with you to agree upon the remedies to prevent further missed appointments. (d) When your attendance falls below 75% in a 90 day period, or you miss 2 consecutive appointments, you will be placed on a "Day Of" list by your provider. This means that you will call on the day that you can make it for an appointment and your provider will see you if possible. (e) Once you have attended a "Day Of" appointment, you will be removed from the list, and you can resume scheduling future appointments.

**No-Show Procedure for Medication Management ("Stand By"):** (a) When a client No Call-No Shows, or calls & cancels within 24-hours of the medication appointment date & time (Call-No Show) – that client will be placed on "Stand By" status. After a client No Call-No Show's or Call-No Show's a medication appointment, the client will not be rescheduled. Client will be notified of his/her "Stand By" status by phone &/or letter. (b) When client wants to attend a medication appointment, he/she can come into the office and sit and wait for the medication staff to have an opening due to no show or cancellation. No more than 3 people will be allowed to wait for an opening at a time. (c) If a "Stand By" client comes to the office & waits to see a medication provider, and no opening occurs, then that client will have to come back to the office and wait for an opening on another day. (d) Clients on "Stand By" status will be encouraged to call the office before coming in to check & see how many others are already waiting for openings. If there are 3 people

already waiting, then the client on the phone will be advised that the maximum number of people are already waiting on "Stand By," and that he/she should call back later to see if he/she can come in later that day. Support Staff will not call clients to tell them he/she can come in when on "Stand By" and no one else is waiting for an opening. It is the client's responsibility to call &/or come in to be seen. **(e) A client will be taken off "Stand By" status after he/she has attended 2 "Stand By" medication appointments.** (f) When a client is on "Stand By" status, and needs a limited medication refill, it will be the medical decision of the medication provider as to whether or not the refill will be done without the client being seen face-to-face.

**Co-Pays and Referrals:** Your insurance policy is a contract between you and your insurance company. We are not a party in the contract. Your insurance company has set rules for you to follow: (a) If you are a managed enrollee of a managed care (HMO, MCO, PPO) that we are contracted with or without a traditional insurance plan, you are required to pay the co-payment each time that you are seen. This must be paid at the time that you check-in for your appointment. If you are not prepared to pay the amount you agreed to in your insurance contract, the visit must be rescheduled. (b) If your insurance plan requires a referral, you must have a completed referral form or number with you at the time of the appointment. If you arrive without your referral, you have two options: you can reschedule or you can pay for the visit at the time of the service. (c) Kanza offers MasterCard, Visa and Discover as payment options.

**Past Due Accounts:** I understand and agree that if I fail to make any of the payments for which I am responsible in a timely manner, I will be responsible for all costs of collecting monies owed, including the Kansas Set-Off fees.

**Returned Checks:** I understand that there is a \$25.00 fee for checks returned by my bank due to insufficient funds and agree to immediately make payment, in cash or money order, upon notification that my check has not cleared my bank.

***I UNDERSTAND THAT I AM RESPONSIBLE FOR ALL COSTS OF SERVICES REGARDLESS OF WHAT MY INSURANCE CARRIER MAY OR MAY NOT PAY. THE SIGNATURE BELOW WILL ALSO SERVE AS SIGNATURE ON FILE FOR ASSIGNMENT OF INSURANCE BENEFITS.***

I authorize Kanza Mental Health and Guidance Center, Inc. staff to leave messages regarding appointment times for: \_\_\_\_\_ either with the below named person(s) at the household or on the answering machine of the following phone numbers.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

***I ACKNOWLEDGE THAT I HAVE BEEN GIVEN A CONSUMER INFORMATION PACKET WHICH CONTAINS CONSUMER RIGHTS AND RESPONSIBILITIES AND THE USE OF EMERGENCY BEHAVIORAL INTERVENTIONS FOR WHICH I HAVE READ AND UNDERSTAND.***

I hereby acknowledge that I have read, understand and agree to the terms of this document and do hereby make voluntary application for services for myself or for the person so name below.

\_\_\_\_\_  
Consumer Signature / Date

\_\_\_\_\_  
Parent, Guardian, Conservator or Other  
Responsible Party / Date

\_\_\_\_\_  
Witness Signature / Date