

Healing Stones  
PO Box 2131  
Laramie, WY 82073-2131

## **Healing Stones Practice Policies**

### **APPOINTMENTS AND CANCELLATIONS**

Scheduling may be accomplished by calling (307) 228-1030

If you need to cancel or reschedule, I would appreciate notice at least 24 hours in advance if you cannot make your appointment.

### **HOW TO CONTACT HEALING STONES**

For all emergencies, please call 911 or go to your nearest emergency room.

I care about my patients and their health, but am often not immediately available. I will attempt to return your voicemail within 1 business day, unless I am sick or on vacation. Planned absences will be listed on the website.

For urgent matters that cannot wait for my response, or in the event that you do not hear from me as expected, please seek medical care at your nearest Urgent Care facility.

Crisis Text Line 741-741 to text a therapist in Wyoming. You can also call 988 to talk to a therapist 24/7.

**VOICEMAIL** – You may leave a message on my work voicemail. Please be aware that voicemail is not a secure form of communication. This method of communication is not appropriate for emergencies or very urgent matters.

**SECURE MESSAGING** - Is available on Simple Practice, please sign up as client, this form of communication is secure. You may also e-mail me at [therapy@healingstones.life](mailto:therapy@healingstones.life), this method of communication is not appropriate for emergencies or very urgent matters.

### **REFERRAL REQUESTS**

For the best medical care, referral requests are handled during an office visit. Additionally, because it often takes several months to see a specialist, I may be able to help you get treatment faster if I am able to participate in your care as a primary care provider.

### **MEDICAL RECORDS**

It is important to bring pertinent medical records such as lists of medications, diagnoses, and test results with you whenever you see a healthcare provider.

If you seek medical care elsewhere, for example, at an Emergency Room, Urgent Care, or you see a specialist for consultation, please request and bring a copy of your medical records with you to your next appointment.

## **PAYMENT, INSURANCE, COPAYS, AND CASH at time-of-service discount**

Once we submit your service to insurance and receive a co-pay or deductible amount, we will send an invoice on Tuesday and will charge your credit card on Friday for any copay or deductible payment that is due. Once an invoice is received as the client, I reserve the right to charge the credit card on file for the amount due.

Your responsibility is to provide me with accurate and complete information concerning your primary and secondary insurance medical benefits. Current identification and insurance benefit cards are to be uploaded in Simple Practice. It is helpful if you could call your insurance and find out where you are in your deductible. Please be advised that your insurance may or may not agree to the usual, customary or reasonable fees for our area. Healing Stones Therapy will advise you on what your insurance did or did not cover and a final invoice will be e-mailed to you. Please be patient as our payment specialist adjusts your invoice in Simple Practice. It will take 1-4 weeks to receive a response from your insurance on your claim for the service. You are responsible for paying any balance on your account after insurance has processed the claim and your adjusted invoice has been e-mailed to you.

## **ACCEPTED INSURANCE PLANS**

Healing Stones Therapy LLC is currently accepting insurance with Medicaid, Medicare, Aetna, Cigna, AARP United Health Care Insurance Company, United Healthcare, BCBS Wyoming and BCBS Nevada.

## **TERMINATION**

If either the patient or the medical provider feel that the medical relationship is not a good fit for any reason, care may be terminated by either party at anytime. Appropriate access to medical records as well as coordination of care with other providers will be provided.

## **TERMS SUBJECT TO CHANGE**

I will follow the terms of the policy that is currently in effect.

I can change the terms of this policy at any time and updated policies will be available upon request.

**BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.**

---

Patient signature Date