



## Financial Agreement/Insurance Policy

CLIENT/CHILD'S NAME:

DATE:

**Although these documents are long, it is very important that you read them carefully, as your signature on this document indicates that you have read, understand, and agree to the policies below.**

*Please ensure that you have reviewed and signed the general Clinic Policies & Therapist/Client Agreement as well as this document!*

*For clients seeking Applied Behavior Analysis (ABA) therapy services, you will be provided with an additional contract specific to ABA therapy policies.*

### **COMMUNICATION REGARDING BALANCES DUE/INVOICES**

**PLEASE NOTE: Paper invoices are NO LONGER provided via mail**, as this has been identified as an inefficient means of communicating with clients about their financial responsibility; rather **the billing department will reach out via the email address(es) and phone number(s) provided on your intake paperwork** to inform you of any balances due, charges made, and/or any other relevant information regarding claims and payment.

**PLEASE ENSURE that you provide up to date contact information (email address and phone number) that you do indeed check on a regular basis to prevent potential missed communications.** It is your responsibility to inform the billing department of any changes to your email address and/or phone number.

### **BILLING TIMELINE**

If you are utilizing your health insurance benefits for services, there is likely to be some lag between when services are delivered and when charges are due. Unfortunately, over the years, health insurance plans have become more and more complicated, leading to difficulty in our ability to accurately predict patient cost for certain types of behavioral health services under certain plans. As a result, **the timeliness of claim returns, and therefore our ability to provide you with a is unfortunately often out of our hands. The timeline for charges may vary**, depending the type of service your child is receiving, how often your appointments occur, the type of insurance you may be using, and whether insurance encounters any issues when processing the claims (e.g., regular therapy charges may be predictable, whereas totals due for psychological testing are often difficult to predetermine; due to the intensive nature of ABA and the complicated manner in which this service must be billed, charging copays daily becomes prohibitive; services provided outside of the clinic are unable to be charged at the time of service due to the location; some insurance plans have clearly stated patient responsibilities outlined for behavioral health while others do not; obstacles with insurance processing can delay claim returns by weeks to months, etc.).

For all of these reasons, **charges typically do NOT occur on the same date of service**; however, we do our best to submit claims in a timely manner and generally insurance may return claims back to our agency within 2 - 6 weeks of session date (with some charges occurring sooner and some later). **It is your responsibility to understand your insurance policy and the potential patient responsibility that may be due for services; although we may not be able to provide you with an invoice immediately after the provision of services, it is expected that clients should be able to anticipate potential cost due through their own understanding of their plan details in conjunction with their monitoring of session frequency so that they may be prepared for the amount due.** Patient responsibility (copay/deductible/cost-share/self-pay totals) will be **charged to your credit card on file for the amount that your returned insurance claim has determined to be due; you will receive a receipt via email once the card has been charged.** Please note, in the **memo line** of your receipt, the date of service will be listed for which the charge is applied. In the event that you have made arrangements for a payment plan, your card will be charged on the date or cycle that you have agreed upon (typically the first of every month).

### **COVERAGE AND FEES**

Although we may assist in billing your insurance, **ultimately, it remains the policy holder's responsibility to know the details of one's insurance policies**; BPBH cannot know all the details of every plan. **Therefore, we encourage you to contact your insurance company to find out the details of your coverage** (e.g., what services and diagnoses are covered, how often they are covered, deductible and copay amounts, rules regarding referrals or pre-authorizations, etc.). It is very important that you understand this information in detail, as **you will be responsible for any portion of services that your insurance does not cover.** For clients that choose not to use insurance benefits or for BPBH services not covered by their plan, self-pay fees will apply. Self-pay fees are communicated to you as part of your new client intake confirmation; however, we are happy to provide you with another summary of self-pay rates if needed. Rates will vary depending on level of therapist and type of service. Please note, fees may increase



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at times due to inflation and cost of living increases; however, clients will be informed of changes to any fees at least 30 days before fees are to be increased. Please be aware that there are separate fees that are not covered by insurance benefits for certain activities that may be requested by the client (e.g., extensive email or phone correspondence, certain types of testing, etc.) Please be aware that Beacon Pediatric Behavioral Health charges for any time spent related to legal or court proceedings, or related to a subpoena provided to the therapist in relation to your child's case. These fees are above and beyond typical hourly therapy fees, are NOT covered by insurance, and must be paid out of pocket by the client and in conjunction with the use of a retainer fee before staff will be able to take any action or respond to any requests related to legal or court proceedings. These rates can be provided upon request.

**PLEASE NOTE:** Insurance OFTEN has restrictions on coverage of services, including the types and amount of specific services allowed. Frequently, **advocacy-related** services are **NOT** covered by insurance. Also, **ABA therapy** is typically **ONLY** covered by insurance for individuals that have been diagnosed with Autism Spectrum Disorders (ASD), and **NOT** all plans cover ABA. Additionally, insurance may not cover **testing** for certain purposes or diagnoses (often gifted, learning disorder/educational testing, and occasionally ADHD), and some insurance plans require preauthorization or exclude any kind of coverage for psychological testing. ***If you are seeking any of these services, you MUST contact your insurance plan ahead of time to determine the details of coverage before your first appointment.***

### OUT OF NETWORK CLIENTS

Unfortunately, not all providers at Beacon Pediatric Behavioral Health are considered in-network providers for your insurance plan. If you have out of network benefits, you may be able to utilize this aspect of your plan for certain services rendered. ***Unfortunately, if you choose to use your out of network benefits, we are unable to bill your insurance for services.*** However, in some circumstances, we can provide you with a receipt of charges that you have paid for and also provide you with a "superbill" that contains all of the information that you may need to submit to seek out reimbursement from your insurance company. ***NOT ALL services, and not all providers, will be reimbursable. You are responsible for determining what information is needed from your insurance company to submit for out of network reimbursement, and also for knowing what is and is not covered as part of your out of network benefits, and if any pre-authorization is needed in order for services to be covered as part of your out of network benefits.***

### FEE SPLITTING AMONG CAREGIVERS

We understand that balances are sometimes paid by more than one caregiver and that in certain circumstances, one caregiver may be responsible for a certain percentage of a balance, while another caregiver is responsible for the rest. ***Please note that Beacon Pediatric Behavioral Health is NOT responsible for invoicing or billing more than one caregiver; it is the caregiver's responsibility to ensure full payment is provided*** and to personally ensure the accurate percentages are contributed by the other caregiver as they have agreed upon. ***Beacon Pediatric Behavioral Health MAY, as a courtesy, invoice or bill each caregiver separately; however, in the event of non-payment from either caregiver, this courtesy can immediately be revoked and the individual that has signed this agreement (the guarantor) will be considered the responsible party from whom payment will be required in full.***

### REFUNDS

Refunds are unable to be provided for any services rendered; refunds are only permitted in circumstances where health insurance claims are reprocessed resulting in a lower patient responsibility than previously identified and paid by the client, or where BPBH is identified to have inadvertently made an erroneous charge.

### CREDIT CARD ON FILE

***Please see the attached "Credit Card on File Policy".*** The current evolving healthcare market has unfortunately resulted in insurance policies increasingly transferring costs to you, the insured. Thus, BPBH has had to modify payment policies to address these changes in a more efficient and effective manner. At the start of services, ***a credit card must be put on file*** with authorization for charges to be made. ***It is important that you closely read the entire "Credit Card on File Policy Update" document that is provided along with this contract so that you fully understand all aspects of this agreement.*** We are able to process Visa, Mastercard, or Discover cards for payment; we apologize that we are ***unable to take America Express*** at this time. We are also able to accept a debit card or a HSA (Health Savings Account) or Flex Plan card, if the card has a Visa logo. ***If you choose to place a debit/HSA/Flex card on file as your primary form of payment, a secondary true credit card must also be put on file as a secondary form of payment,*** in the event your debit/HSA/Flex card does not have sufficient funds.



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We encourage you to provide us with updated information immediately upon determining that your current card(s) on file may be expired. In the event your credit card/secondary card is declined when billing, you will be contacted via email and/or phone to obtain active card information. **Updated card information must be provided to Beacon Pediatric Behavioral Health within 2 business days of our email/message/conversation informing you of your expired/inactive card on file.** If this information is not provided within this time frame, **follow up appointments will not be scheduled until this information is obtained** and/or any **recurring appointments already scheduled will be cancelled.** If this information is not provided after multiple attempts have been made to obtain payment and if balance remains unpaid, please understand that your account will be at risk of being sent to collections.

**Only under certain rare circumstances will clients be permitted to bypass the credit card on file requirement.** Specifically, this requirement can be waived when evidence is provided by the client that \$0 remains of the deductible and there is no co-pay or co-insurance required (typically only with Tricare Prime Active Duty coverage).

### DELINQUENT ACCOUNTS

**Balances that remain more than 90 days from the date of invoice/initial contact for payment will be submitted to a collection agency** (where you will be responsible for the collection’s commission in addition to the fee owed), and your insurance plan will be informed of the failure to comply with patient responsibility payments (as we are required to collect these amounts as part of our contract with your plan), unless a payment plan contract agreement has been completed and signed by the required due date provided, and the terms being complied with.

Payment plans may be considered and offered on a case-by-case basis (the “outstanding balance charge” will not apply to payment plans); however, all payment plans require a separate contractual agreement (wherein a credit card must be placed on file and will be charged a set minimum amount on a specific schedule until the balance has been paid in full). **PLEASE BE AWARE:** In the event a client terminates and/or is discharged from services, Beacon Pediatric Behavioral Health reserves the right to terminate the payment plan agreement and require that the entire balance be paid in full within one week of the client’s last appointment. Upon termination/discharge of services, you remain responsible for any balance due for services previously rendered, regardless of your child’s status as an active or inactive client. Please understand that payments plans are only approved on occasion due to unique extenuating circumstances, and if provided, is done so as a courtesy; such agreements include very specific and stringent guidelines and timelines that **MUST** be abided by, as the agreement will be immediately rendered null and void following the breach of any aspect of the agreement, defaulting to the requirement for the client to therefore immediately pay the entire balance due in whole.

**By signing this document, you acknowledge the potential use of collection agencies for the collection of delinquent payment and consent to Beacon Pediatric Behavioral Health providing said collection agency with your/your child’s basic account information required (which may include PHI) to pursue delinquent charges, if necessary.**

**PLEASE COMPLETE, SIGN, AND ATTEST TO THE FOLLOWING**

Client/Child Name: \_\_\_\_\_

Name of Parent(s)/Guardian(s) Completing this Agreement (“Guarantor”): \_\_\_\_\_

Guarantor’s (Your) Name: \_\_\_\_\_ Guarantor’s (Your) SSN# \_\_\_\_\_

Name of any additional Parent(s)/Legal Guardian(s): \_\_\_\_\_

**ACKNOWLEDGEMENT OF AND AGREEMENT WITH FINANCIAL CONTRACT TERMS:**

*I attest that the information that I have provided to Beacon Pediatric Behavioral Health is true and accurate to the best of my knowledge. I hereby acknowledge that I have read the information in this Financial Agreement/ Insurance Policy and agree to abide by its terms during our professional relationship, and thereafter (where relevant); I attest that I am designated as the financial guarantor and will be ultimately responsible for payment of any balances due, understanding that my account may be sent to collections if left unpaid.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date