

ABA of North Texas, LLC
1410 14th Street, Plano, Texas 75074
Phone: 214-650-6708 Fax: 972 422-5275

Financial Contract

Payment

- A. Client's portion of payment is due at the time services are rendered. There may be a balance due after the Explanation of Benefits is received (when we file for insurance). Private pay without insurance is due at the time of service.
- B. Returned checks will incur a \$25.00 service fee.
- C. In the matter of divorced parents, payment is still due at the time of treatment, regardless of terms outlined in a divorce decree. Any missed balance will be the responsibility of the parent who signed this financial contract, which would include inappropriate cancellations or missed sessions.

Fees

Rates are based on the individual client's diagnosis and procedure codes. Rates are subject to change and you will be notified of changes.

Missed or Late Appointments

Cancellation must be only in the case of a true illness (fever or sick enough to miss school or go to the doctor) or family emergency. As with other professional services, you will be charged (\$25 per hour of scheduled treatment) for cancellations that do not meet these criteria. One sick day will be allotted per month and make up sessions will be offered the same week of the missed session. If you are late for therapy, you will be charged for the full therapy session since that time has been set aside specifically for you. In most cases, therapy must end at the designated time even in the event of late arrival since the therapist usually has commitments to other clients for the next time period. **A two week notice is required for vacation notice (including holidays) to avoid cancellation fees.**

 Clients with Insurance Benefits

Your policy is a contract between you and your insurance company. We are not a party to that contract. As a courtesy, we will check benefits for you, and inform you of what we have learned, but this is not a guarantee of coverage. Please be aware that some, and perhaps all, of the services provided may be non-covered services and not considered medically necessary under your individual policy. If your insurance company says you may have coverage, we will provide necessary information to the insurance carrier to obtain pre-authorization for evaluation/treatment and approval for continued therapy. We check benefits for you, but this is not a guarantee of coverage. We will provide a detailed invoice for you to file with your insurance or we may file as a convenience with some insurance companies. This is your acknowledgement that you will be financially responsible for any non-covered services as outlined in this Financial Agreement.

 Clients Who Do Not have Benefits Under Their Policy

We have checked your benefits and have been informed by your insurance company that some or all of the services you need are not covered under your policy. This is either due to policy exclusions or not meeting your policy's definition of **Medical Necessity**. This is your acknowledgement that you will be financially responsible for these non-covered services as outlined in this Financial Agreement.

 Private Pay

The billing form is designed to furnish necessary information for insurance companies. Attach the billing form to your insurance claim as you would other medical receipts for submission. We will send the insurance company any requested additional records that they require to process your claims. Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. It is your responsibility to collect reimbursement from your insurance company.

If therapy expenses are not covered by your insurance policy or if you are private pay, keep the billing statements to possibly submit with income taxes as a medical deduction.

I have read, understand, and agree to the above financial policy for payments of professional fees and cancellation fees.

Signature

Date

