Revised December 2023

I am dedicated to providing the best possible care for your child and I want you to completely understand my financial policies and the good faith estimate below:.

1. All clients paying privately or who have a copay or deducible responsibility, <u>I will require that payment be rendered either via card or check at the time of services</u>. The agreed contracted rate for the initial intake is $<u>150</u> and $<u>135/hr</u> for ABA services, individual, and family therapy.

2. If you are insured by a plan that I do not have a prior agreement with (non-provider, “out of network), I will provide you with a detailed invoice called a “Superbill” that you can then submit to your insurance company on an unassigned basis. This means the insurer will send the payment directly to you and you will responsible for the complete charge. <u>You are responsible for the full amount at the time of service</u>. I encourage you to follow up with your insurance provider to explore your “out of network” benefits, as a percentage of my services may be reimbursable.

Questions you might ask your insurance provider include:

- Do I have out-of-network benefits to see a mental health provider? If so, what percentage do you cover and how much is the allowed amount for the following (90847, 90846, 90791, 90837)
- Are there any exclusions? (i.e diagnosis)
- What is the deductible, and how much of the deductible have I met?
- What is my co-pay if I see an out-of-network provider in the home setting vs office setting?
- How do I access the form(s) needed to submit a request for reimbursement for out of network?

I authorize the provider to make electronic payments via Square and/or sign on my behalf (if I request the credit card to be kept on file and monthly payments are due).

3. If prior arrangements are made with your insurance carrier to accept an assignment of benefits, I will assist you by submitting claims electronically for each visit, and will likely call your insurance company to double-check your benefits. <u>You are required to pay your deductible, co-payment or co-insurance at the time of service.</u> I can provide a detailed invoice of services upon request.

4. Not all insurance plans cover all services. These services might include ABA therapy, family therapy, attending school meetings, conducting a home visit, or conducting a school observation. In the event your insurance plan determines a service to be "not covered," you will be responsible for the complete charge.

I have read and understand the financial policy of Johnson Behavioral Services, PLLC and I agree to be bound by its terms and agree to assign the benefits to the therapist (if applicable). I also understand and agree that such terms may be amended by the practice from time to time. I hereby authorize the release of medical information including complete medical records, assessments, and billing information to my insurance company and to other medical professionals and medical care institutions that I may be referred to for treatment. I understand that information will be used to review, investigate, or make payment of a claim, and to review records for audit compliance, utilization management, and complaint resolution. I authorize payment directly to Johnson Behavioral Services, PLLC for all medical benefits otherwise payable to me under terms of my insurance. I understand that I am financially responsible for all co-payments, co-insurance, deductibles, and non-covered services. A photocopy of this authorization shall be considered as effective and as valid as the original

________________________/__________
Signature of Parent (1) Date

________________________/__________
Print Parent’s Name (1) Date

________________________/__________
Signature of Parent (2) Date

________________________/__________
Print Parent’s Name (2) Date