



Financial Agreement/Insurance Policy

Client/Child's Name:

Date:

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

Communication Regarding Balances Due/Invoices

Clients will be reached via email address(es) and/or phone numbers(s) provided on intake paperwork regarding balances due, charges made, and/or other relevant information regarding claims and payment. Please note: it is the responsibility of the client to provide and maintain up to date contact information (email address and phone number) to prevent potential missed communication.

Coverage and Fees

Although we may assist in billing your insurance, Paper Airplane Behavioral Services does not know all the details of every plan. Ultimately, it remains the policy holder's responsibility to know the details of one's insurance policies. 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 co-pay 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. Clients who are seeking third party reimbursement further acknowledge the client's ultimate financial responsibility for services rendered in the event that the insurance company denies payment or does not remit payment to Paper Airplane within 60 days.

Note: Insurance often places restrictions on coverage of services, including the types, amount, and location of specific services allowed. ABA therapy is not covered by all insurance plans and is typically ONLY covered by insurance for individuals that have been diagnosed with Autism Spectrum Disorders (ASD). Moreover, ABA services outside of the clinic setting may be restricted; on rare occasion, special arrangements are included in our network contracts – these will be communicated to you. If you are seeking ABA services outside of the limits of our network contract, you must contact your insurance plan ahead of time to determine the details of coverage before your first appointment.

For clients that choose not to use insurance benefits or for Paper Airplane services not covered by their plan, self-pay fees will apply. These fees vary by service and provider-type and are available upon request. Appropriate services and provider-type for each case are determined by the Supervising BCBA with consideration of assessment results and specific client needs. Fees may increase 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. Paper Airplane Behavioral Services, PA understands that the commitment to necessary treatment can take toll on our clients and their families. We offer accommodations to our self-pay clients when necessary and appropriate.

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.). Paper Airplane may charge 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 are provided upon request.

Billing Timeline

If you are utilizing in-network health insurance benefits for services, Paper Airplane will bill your primary insurance as a courtesy. There is, however, likely to be some lag between when services are delivered and when charges are due. Unfortunately, common complications with health insurance plans often lead 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 updates regarding payments and financial responsibility is often out of our hands. Factors affecting the timeline include the type of service your child is receiving, frequency of appointments, the type of insurance you may be using, and whether insurance encounters any issues when processing the claims. For example, 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



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insurance plans provide clearly stated patient responsibilities outlined for behavioral health while others do not; obstacles with insurance processing can delay claim returns by weeks to months.

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 respond to our claims within 2 - 6 weeks of session date. 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. With the exception of co-payments/cost-shares, patient responsibility will be invoiced for the amount that your returned insurance claim has determined to be due. Co-payments/cost-shares will be invoiced and sent to the email address on file on a monthly-basis unless otherwise agreed upon. Due to the nature of the services we provide, an individualized payment scheduled or plan may be established.

Refunds

We are unable to provide refunds for any services rendered. Refunds are only permitted in circumstances where health insurance claims are processed/re-processed resulting in a patient responsibility other than that which was previously identified and paid by the client or where Paper Airplane is identified to have inadvertently made an erroneous charge. A client may at times have the option to keep an amount to be refunded as a credit on their account for future charges.

Credit Card on File

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 this and the following section so that you fully understand all aspects of this agreement. While we are able to accept most HSAs (Health Savings Account) or Flex Plan cards, the card on file must be a true major credit card (i.e., Visa, Mastercard, Discover, Amex). It is the client's responsibility to provide updated information immediately upon determining that the current card on file may be expired or cancelled. Only under certain rare circumstances will clients be permitted to bypass the credit card on file requirement—specifically, this requirement may be waived when evidence is provided by the client that \$0 remains of the deductible and/or there is no co-pay or co-insurance required for services.

Delinquent Accounts

While payment is expected upon receipt of an invoice, in most cases Paper Airplane Behavioral Services will allow up to 30 days for payment. Balances that remain unpaid after 30 days are considered past due. Past due accounts automatically incur a late fee of 10% of the total bill unless special circumstances have been communicated and prior arrangements have been made with and approved by Paper Airplane Behavioral Services. Should an account remain in past due status 15 days (that is, in most circumstances, 45 days from the invoice date), Paper Airplane Behavioral Services may charge the credit card on file. At this time if the outstanding balance is not settled by client-initiated payment or pre-authorized credit card charge, the account will be turned over to a collections agency. The individual financially responsible for the account will be responsible for all collections costs including any subsequent attorney fees and court costs. Clients utilizing their insurance benefits for the coverage of services, should be advised that we are required to collect these amounts as part of our contract with your plan; as such, failure to comply with patient responsibility payments must be reported to your insurance provider.

Paper Airplane Behavioral Services reserves the right to place an immediate hold on a recurring schedule or deny scheduling of future treatment sessions until any outstanding payments have cleared. Please understand, if this occurs, the client's prior treatment schedule or therapist(s) may no longer be available once the account is up to date. Repeat offenses may result in discharge from Paper Airplane Behavioral Services.



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PLEASE COMPLETE, SIGN, AND ATTEST TO THE FOLLOWING

Client/Child Name: _____

Name of Parent(s)/Guardian(s) Completing this Agreement: _____

Guarantor's (Your) Name: _____ Guarantor's SSN # _____

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

Credit Card Information

Cardholder Name (please print): _____ Card Number: _____

Card Type: _____ Security Code(CVV): _____ Expiration Date: _____ Zip Code: _____

Credit Card Requirement Waived and Approved by: _____

ACKNOWLEDGEMENT OF AND AGREEMENT WITH FINANCIAL CONTRACT TERMS:

I attest that the information that I have provided to Paper Airplane Behavioral Services, PA 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 and I give Paper Airplane Behavioral Services, P.A. permission to charge the above listed card for any charges incurred for _____ in accordance with policies outlined in this document.

Signature

Date

INSURANCE BILLING RELEASE

PLEASE COMPLETE, SIGN, AND ATTEST TO THE FOLLOWING

"Signature on File" Authorization to Permit Payment of Third-Party Payor to Paper Airplane Behavioral Services

- I understand and agree that I am responsible for any and all charges incurred as a result of scheduled office visit(s).
- I understand and agree to accept responsibly for payment of any and all claims should my insurance carrier deny all or part of a claim.
- I understand and agree that all insurance deductibles and any incurred expenses not covered by the insured's health carrier must be paid for at the time of service or in accordance with my established payment plan.
- I hereby authorize payment directly to Paper Airplane Behavioral Services, PA/Marcelle Medina-Smester, MA, BCBA for any services rendered to me by authorized agents of Paper Airplane Behavioral Services, PA.
- I authorize release of all medical information to the insured's health insurance carrier that is acquired in the course of assessment or treatment and which may have bearing on the benefits payable under this or any other plan that provides benefits of services.
- I authorize Paper Airplane Behavioral Services, PA to assist me in obtaining payment from my health insurance companies.
- I authorize a copy of this "Signature on File" to be used in place of the original and that this copy may be used on all my insurance submissions.

Signature

Date

Insurance Information and/or Copy of Insurance Card Provided (_____)