



Client Financial Responsibility Agreement

Welcome to Resilience REACH 907, we are elated you chose us for your child's success! We believe in excellence and strive to provide you with quality and compassionate care. Resilience REACH907 must obtain a valid copy of your identification, current Insurance information and proof of income as applicable to care.

Medicaid: All services are rendered under the understanding that you are responsible for the cost regardless of your insurance coverage. Please be aware that not all services are a covered benefit with different insurance companies. You are responsible for knowing what services are (not) covered. If you would like to know the cost of a service, please inquire prior to treatment. For Medicaid, you are required to submit proof of benefits monthly. If co-payment is due this will be charged before each visit.

Insurance Notice: Currently Resilience REACH 907 is not a preferred provider and are unable to accept private insurance.

Medicaid Notice: Currently Medicaid only covers assessments every six months.

Non-Insured/Under-Insured: If you do not have medical insurance the following applies: Unless a prior financial agreement plan has been signed and payments are current, you will be responsible for full payment of services rendered prior to being seen, as well as any previous outstanding balance.

- **Financial Payment Plans** are only extended to established patients who have maintained a good financial repour with Resilience REACH 907.

Insured/Non-Insured Payments: We accept cash, check, debit card, and credit cards for MasterCard and Visa.

Sliding Scale: To receive sliding scale rate, you must provide proof of income. Our sliding scale is based on the federal poverty guidelines (income and size of household).

No-Show Fee: There is a \$25.00 fee for missed appointments not cancelled within 24 hours of the scheduled appointment time. These charges are your responsibility and **cannot be billed to Medicaid.**

Non-Sufficient Funds Fee: Resilience REACH 907 Behavioral Health will charge a fee of \$35.00 for any check marked NSF from the bank. It is also the policy of Resilience REACH 907 Behavioral Health that the patient's account be flagged until the debt has been repaid. Remittance should be in the form of cash, credit card, or money order along with the NSF Fee.

Resilience REACH 907 Behavioral Health is a third party to your insurance policy. It is your responsibility to notify the billing department immediately should your insurance coverage change in any way. In addition, Resilience REACH 907 is billing your insurance and is not a party of which to know coverage and benefit details. It is your responsibility to understand your coverage and benefits, prior to services being rendered. Included, but not limited to pre-certifications, referral, and authorization requirements, and to be sure all insurance information is current.

Resilience REACH 907 will bill your primary insurance company (Medicaid) as a courtesy, but you are ultimately responsible for payment of all services rendered. If your insurance company does not respond within 30 days, an invoice will be sent to you. It is encouraged you call your insurance to inquire as to



why the claim is not being paid. Our billing department will assist you only after you have contacted your insurance.

We do understand that temporary financial problems may affect timely payment. We encourage you to communicate any such problems so that we can potentially assist you.

Delinquent Accounts: Any unpaid charges over 90 days old will be considered for an outside collection which may include Cornerstone Credit Services (CCS). The Collection agency will receive client identifying, contact and financial information. You are responsible for any collection, legal, or court fees incurred in the collections process. Any accounts transferred to a collection agency will be reviewed for potential discharge from Resilience REACH 907 Behavioral Health.

Release of Information: By signing below, I certify that I have read and understand the above information. If billing my insurance, I further agree that benefits be assigned to Resilience REACH 907 Behavioral Health. This assignment will remain in effect until rescinded in writing. I agree that Resilience REACH 907 Behavioral Health may obtain a credit report if I carry a balance on my account for more than 28 days after the date of service.

Your clear understanding of our Financial Policy is important to our relationship. Please ask if you have any questions about our fees, Financial Policy, or your financial responsibility. We will discuss our professional fees any time.

I have read and understand the payment policy and agree to abide by its guidelines:

Printed Client Name _____

Client/Guardian Signature: _____ Date _____