



## **Financial and Billing Policy and Agreement**

Thank you for choosing North Oakland Autism Center to serve your family. This document outlines our policies about payment, finances, billing, and insurance. By making our policies clear, we hope to avoid any problems and/or misunderstandings.

**Financial Responsibility:** NOAC is responsible for providing quality therapy to the child and therefore, the child's parent (or guardian) is responsible for all charges incurred. Due to the many changes in insurance policies, it is no longer a simple task to interpret each and every policy. Although we try to stay aware of any changes, it is not always possible. It is your responsibility, as the subscriber, to know and understand your individual coverage and to immediately notify us if any changes occur. Unfortunately, failure to understand your insurance coverage could result in you being responsible for all costs incurred. Please remember your insurance policy is between you and your insurance carrier; **not** between your insurance company and NOAC.

**Insurance:** NOAC is committed to helping maximize each child's insurance benefits. Insurance policies vary greatly, therefore, owing to the complexity of insurance contracts; we can only estimate benefits in good faith. NOAC will contact your insurance carrier for a "quote of benefits" and will obtain necessary pre-authorizations, but coverage cannot be guaranteed. It is highly recommended you contact your insurance carrier to verify that NOAC participates in your plan and to verify that ABA Therapy is covered under your plan. Your insurance policy is a contract between you and your insurance company, and therefore you will need to contact your carrier with any problems or questions. NOAC will ONLY file claims with the insurance carriers with whom we are contracted. NOAC does not file with the secondary insurance. In the event the insurance company does not provide payment within the agreed amount of time or denies the payment, the balance becomes that of the financially responsible party. To avoid any payment delays from your insurance carrier, please let NOAC's Clinical Director know of any and all updated information in regard to your plan and ABA Therapy coverage. Please let us know immediately if you receive a new insurance card or if your child is covered under new insurance. The responsible party will be billed for services not covered or denied if NOAC is not notified in a timely manner of any changes. In addition, NOAC has the right to suspend services until new insurance is verified and/or necessary pre-authorizations are in place.

If the responsible party wish to continue services before insurance is verified and/or pre-authorization is in place, the responsible party will be required to privately pay for those services at the end of each week. If you have questions regarding our financial policy, please do not hesitate to discuss them with us. For your convenience, we accept MasterCard, Visa, Cash, HSA Cards and Checks.

**Private Pay:** Families who do not have insurance coverage for ABA may choose to pay privately for ABA Therapy. Services are billed in advance on a month-to-month basis for your pre-scheduled ABA Therapy sessions. Prepaid fees are nonrefundable in absences. Our fees are comparable to those of other highly qualified specialists. A list of rates can be requested from the Clinical Director.

**Cancellation, Late Drop Off, Early Pick up Fees:** NOAC schedules a 1:1 ABA Technician to work specifically with your child for the duration of his/her scheduled sessions. Therefore, any cancellations, late arrivals, and/or early pickups require at least 24 hours' notice, so our staff schedule may be adjusted accordingly. We understand that there may be days when your child is ill and will need to stay home. Therefore, North Oakland Autism Center is able to grant one (1) sick day per month at zero penalty. Any additional absences within the same month (***with less than 24 hours' notice***) will be charged at \$30 per day. In addition, any late arrivals and/or early pickups without advance notification (***with less than 12 hours' notice***) will be charged at \$5 per every 15-minute interval. Cancellation fees, late drop off fees, and/or early pick up fees will be added to your monthly billing invoice and due within five (5) calendar days.

**Payments:** Invoices are emailed at the end of each month and are due within five (5) calendar days of invoicing for continued services. Payment can be made directly through the emailed invoice with any major credit card. Depending on the child's insurance benefits, this charge could be for a co-payment, co-insurance, deductible, cancellation fee, late drop off fee, early pick-up fee and/or for the entire cost of the services rendered. To insure a smooth billing process, NOAC requires a credit card to remain on file which will be automatically billed after six (6) days of invoicing, along with a \$25.00 late fee. A \$35 fee will be charged for declined payments, if another form of payment is not provided within 24 hours of notification of the declined payment. If a payment is declined, NOAC may suspend services until payment is made.

**Collection Fees:** Fees incurred to collect payments will be billed to and payable by the Responsible Party. This includes attorney fees and court costs.

**Note to Separated or Divorced Parents:** NOAC will not keep separate accounts to accommodate separated or divorced parents who share financial responsibility. In cases of

divorce and/or joint legal custody, regardless of decree or court orders, the parent who initiated services and signed the Financial and Billing Policy Agreement will be financially responsible.

**Confidentiality Agreement:** By signing this document, you are entering into a financial agreement with North Oakland Autism Center and you agree to keep that arrangement private. Discussing your financial arrangement to non-essential parties could result in a termination of the financial agreement by NOAC.

**AGREEMENT**

I \_\_\_\_\_ certify that I have read NOAC's Financial and Billing Policy and Agreement on the date of \_\_\_\_\_ and I understand and agree to follow the policies. I understand and agree that I am responsible for the payment of all charges incurred, in the time frames described above, regardless of any insurance coverage or other plans available to me. Additionally, I understand and agree to pay any and all collections, costs, and/or attorney's fees if any delinquent balance is placed with an agency or attorney for collection, suit, or legal action. I also acknowledge that confidentiality is waived in matters involving collections and the sharing of information sufficient to pursue recovery of debts owed.

Printed Name of Responsible Party	
Signature of Responsible Party	Date:
Relationship to Client	

NOAC, Financial and Billing Policy Agreement

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