Financial and Billing Policy and Agreement

Thank you for choosing the Brent Woodall foundation for Exceptional Children 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 or misunderstandings.

**Financial Responsibility:** the BWF is responsible for providing quality therapy to the child and therefore, the child’s parent (or guardian) is responsible for all charges incurred.

- **Name of Financially Responsible Party:** ____________________________________________
- **Relationship to Child:** _______________________________________________________

**Initial Deposit:** For children receiving more than 6 hours of therapy per week, a $1000 deposit is due before the child starts services, for children receiving 6 hours per week or less, a $500 deposit is due before the child starts services. The deposit will be returned when a written 30 day cancelation notice is given AND the balance is $0.00. If 30 days notice is not given, the deposit will not be returned. Deposits for children accessing only Group ABA or Consultations will be determined individually and will be based on the monthly services.

**Insurance:** The BWF 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. The BWF 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 the BWF participates in your plan and to verify that services are covered as of the time they are to begin. If you have any questions, our courteous billing staff is always available to answer them. Your insurance policy is a contract between you and your insurance company; the BWF is not party to that contract. You will need to contact your carrier with any problems or questions. The BWF will ONLY file claims with the insurance carries with whom we are contracted. The BWF 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 the BWF Billing Department know any and all updated information on your insurance company, such as if you receive a new insurance card, or the child is covered under the new insurance. If the BWF is not notified in a timely manner, the responsible party will be billed for services not covered or denied. The BWF 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 pay for those services weekly.
Private Pay: Families who do not have insurance coverage for ABA may choose to pay privately for therapy services. A list of rates can be requested from the front desk at the BWF office. Families cannot go back and forth between insurance billing and private pay.

Grant Funding: Clients receiving funding from a third party grant agency must provide grant approval letters to Candice Cole at c.cole@woodallkids.org before services will be rendered. The deposit will not be billed to grant agencies and must be paid out of pocket. Parents will be emailed the invoice weekly when billing is sent to the grant agency. Parents are expected to keep track of their grant balances and know when it is time to reapply. If the grant organization does not pay the invoices, the Financially Responsible Party will be responsible for the balance due.

Sliding Scale: A Sliding Rate Scale is available to that in need. Please request an application from Candice Cole at the BWF office. Insurance coded invoices are not provided to clients who are using the Sliding Rate Scale. An insurance denial letter is required to apply for the Sliding Rate Scale.

Payments: To insure a smooth billing process, the BWF requires a credit card to remain on file. The card on file will be charged on a weekly basis for charges incurred in the previous week. Depending on the child’s insurance benefits, this charge could be for a co-payment, co-insurance, deductible, or for the entire cost of the services rendered. A copy of the invoice will be e-mailed to you at the time of payment processing. 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, the BWF 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: The BWF 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 Insurance Policy Agreement will be financially responsible.

Confidentiality Agreement: By signing this document, you are entering into a financial agreement with the Brent Woodall Foundation for Exceptional Children 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 the BWF.

I, _________________________, agree to be financially responsible for the total payment of treatment performed by the Brent Woodall Foundation for Exceptional Children for_________________________.

Child’s Name

I certify that I have read this Financial and Insurance Policy and Agreement and understand and agree to follow the policies and be personally and fully responsible for payment.

_____________________________  ______________________________
Printed Name of Responsible Party  Relationship to Client

_____________________________  ______________________________
Signature of Responsible Party  Date