

## **The Brent Woodall Foundation for Exceptional Children**

### **FINANCIAL AND BILLING POLICY AND AGREEMENT**

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

**Financially Responsible Party Name:** \_\_\_\_\_ **Relationship to Child:** \_\_\_\_\_

**Initial Deposit:** For children receiving more than 6 hours of therapy per week a \$1000 deposit (\$500 if 6 hours or less) is due before the child starts services. The deposit will be fully refunded only when a written 30-day cancellation notice is given, services have ended and the account balance is \$0.00.

**Insurance:** We are committed to helping maximize each child's insurance benefits. Insurance policies vary greatly and due to the complexity of insurance contracts and coverage, we can only estimate benefits in good faith. We will confirm your primary insurance carrier's network status with BWF, contact an in-network plan to confirm eligibility and benefits and obtain necessary pre-authorizations, but coverage cannot be guaranteed. It is highly recommended you verify services are covered as of the time they are to begin. We only accept and file claims with primary in-network insurance plans and do not accept or obtain authorization for secondary insurance or out-of-network plans.

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 plan with any problems or questions. 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 our billing department know any and all updated information on your insurance coverage including change in coverage, new insurance ID card, etc. If we are not notified in a timely manner, the responsible party will be billed for services not covered or denied. We have the right to suspend services until new insurance is verified and/or necessary pre-authorizations are in place. If the responsible party wants to continue services for the child 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 as noted above may choose to pay privately for therapy services. Pricing information can be obtained by contacting our billing department.

**Grant Funding:** Clients receiving funding from a third party grant agency must provide the approval letters to us 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 a copy of invoices sent to the grant agency and are expected to keep track of the grant balance and know when to reapply. If the grant organization does not pay the invoices, the Financially Responsible Party will be responsible for the balance due.

**Sliding Rate Scale:** This is available to those in need who are using private pay or grant funding as the method of payment. Once approved, it applies to all services except BLIP, Afterschool Academy, consultations, deposit, and cancellation, schedule change or late pick-up fees. Insurance coded invoices are not provided if using the SRS and we require an insurance denial letter or verification of no insurance coverage for ABA.

**Payments:** We require a credit card authorization to remain on file and will charge weekly for charges incurred in the previous week. Depending on the child's insurance benefits, this charge could be for a co-pay, deductible, co-insurance 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, we may suspend services until payment is made.

**Collection Fees:** Fees incurred to collect payments will be billed to and payable by the Financially 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  
Name of Financially Responsible Party

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 Financially Responsible Party**

\_\_\_\_\_  
**Relationship to Client**

\_\_\_\_\_  
**Signature of Responsible Party**

\_\_\_\_\_  
**Date**