



Behavioral Health Services

2501 Hunter Place Ste. 201 Woodbridge, VA 22192
Phone: 703-659-9863 Fax: 571-285-5686

11835 Hazel Circle Drive Bristow, VA 20136
Phone: 703-368-7995 Fax: 703-361-4335

Financial Agreement

Client Name: _____

IF YOU HAVE MEDICAL INSURANCE:

We will file claims to Medicaid, if applicable, or your private medical insurance company for the services that are provided by our office. In order for the claims to process correctly, please ensure that the information that is provided to our office on the Financial Resources Form is accurate and current. If there is a change in insurance information please let us know immediately. We will submit to secondary insurance as long as we are given the correct information and we are notified that you would like the service done.

Deductibles, Co-Payments and Coinsurance:

Co-payments are constant and **due at the time the service is rendered**. Coinsurance and deductibles vary for each insurance policy and we can only approximate the percentage covered by each plan. Payment of the estimated portion is due at the time of service. Any uncollected coinsurance will be billed when notification is received of the amount.

Authorizations:

A copy of your insurance card is required at the time of the initial service. For all private insurance other than Medicaid, the card is descriptive and indicates whether an authorization is needed. Oftentimes for private insurance, the behavioral health benefits are under a separate company and we must contact them to verify the necessity of an authorization. **If a copy of the card is not on file at the initial service and the claim is denied for "no authorization", you will be responsible for the payment.**

IMPORTANT - If services are being obtained under Medicaid and said services were used with a previous provider we will need the previous provider's information to verify # of sessions remaining and whether a new Medicaid authorization is required.

Provider Coverage:

Each private insurance company has multiple plans. We may participate with your insurance company, but not your particular plan. Please contact your insurance company to verify that the provider you are seeing is appropriately covered. It is your responsibility to verify coverage for your plan. **If the insurance company denies the claim for a plan provision, you will be responsible for the balance.**

If not obtaining services under a Medicaid benefit, private medical insurance coverage is a contract between you and your insurance company. We are not a party to this contract. We will not be involved in disputes between you and your insurance company regarding deductibles, co-payments, covered charges, secondary insurance, "usual and customary" charges, etc. other than to supply factual information as necessary. **You are ultimately responsible for the timely payment for services provided.**

No –Show Policy:

It is the responsibility of every client to notify their provider by calling the appropriate office location as **noted** above. If there is no notification of cancelation within 24 hours of the **scheduled** appointment, you will be charged a **\$25 no-show fee**. This fee will not be billed to your insurance company **but** will be your responsibility to pay. **However, this charge will be waived IF** you come for your next scheduled appointment.

PAYMENT METHODS AND OTHER INFORMATION:

- We accept cash, check and Visa, M/C, American Express and Discover.
- Any balance that is left unpaid for over 30 days is subject to a \$10 late fee. This late fee will be applied to any unpaid account every month until balance is paid in full.
- Accounts that are past due will be turned over to our collection agency and reported to the Credit Bureau.
- Accounts that have statements returned with no forwarding address will be charged \$10 and turned over to our collection agency.

There may be times when an invoice will be mailed to your address on file. Payment for an invoice should be mailed to our **Youth For Tomorrow Business Office, Attn: Lori Perez, 11835 Hazel Circle Drive, Bristow, VA 20136.**

Questions regarding an invoice for services can be addressed by contacting the Woodbridge office at the number at the top of this agreement. For other invoice questions, the Business Office phone number is (703)396-7326.

Note: In situations of divorce, separation, court orders, etc. the party initiating treatment will be financially responsible for the account.

We are committed to providing you with the best possible care and we are willing to discuss our professional fees at any time. Your clear understanding of the Financial Agreement as stated above is important to our relationship. Please ask if you have any questions about our fees, Financial Agreement or your financial responsibility.

I acknowledge that I have read and agree to the above Financial Agreement.

Signature: _____ Date: _____

Witness: _____ Date : _____