Great Lakes Center for Autism Treatment & Research Financial Policy

Client Name: _____ Date of Birth:_____/_____/_____

We are committed to providing your child with the best possible treatment. The following information is provided to avoid any misunderstanding or disagreement concerning payment for professional services.

- Our office participates with a variety of insurance plans. If the child is covered under one of these plans, our billing facility will submit a claim for services.
    - It is your responsibility to:
        - Provide us with current insurance and billing information including, if applicable, the Social Security Number, the date of birth of the subscriber, and bring the insurance card to each visit.
        - Be prepared to pay your copay at each visit.
        - Pay any balance not covered by the insurance plan including co-pays and deductibles.

- **I understand that I must inform and provide documentation to Great Lakes Center for Autism Treatment and Research (GLC) if my child is covered by Medicaid and that services may not begin until a prior authorization is approved by the Community Mental Health Agency where my child resides. If services begin prior to the approval of a prior authorization, I understand that I am responsible to pay any balance my primary insurance indicates would be my responsibility (copay, deductible, noncovered services) and that our Medicaid coverage will be billed only for services provided after the authorization is received.**

- Patients with outstanding balances will receive monthly statements. The statements will indicate what if any, of the outstanding balance is patient responsibility and what is pending insurance payment. Payment of outstanding patient balances is expected with 30 days of receipt of statement. Patient balances over 120 days will be sent to a collection agency. If the account is sent to an outside collection agency, it will be your responsibility to pay the amount owed to us and also any associated fees incurred from the collection agency.

- You agree, in order for us to service your account or to collect any amounts you may owe, we may contact you by telephone at any telephone number associated with your account, including wireless telephone numbers, which could result in charges to you.
- We also may contact you by sending text messages or emails, using any email address you provide to us.
- Payment for services and no show fees can be made with cash, check, or credit card. A charge of $25.00 will be assessed for all returned checks and the parent or guardian will be expected to pay this charge by credit card, money order or in cash upon receipt of a statement.
- We reserve the right to charge $25.00 for "no show" appointment. A "no show" appointment is one in which the appointment the patient has not arrived within 15 minutes of the start of their session and the caregiver has not called GLC to provide notification.
- If you have questions about your insurance, we are happy to help you. Specific coverage issues, however, should be directed to your insurance company member services department (phone number is on the insurance card).
- Your bill may be amended if errors in billing are found.

GLC firmly believes that a good clinician/parent or guardian and child relationship is based upon understanding and good communication. Questions about financial arrangements and available payments plans should be directed to the billing office.

Assignment

I authorize release to any third party payer such as an insurance company or governmental agency and PPM Medical Reimbursement Solutions, Inc. (claims processor) any clinical information contained in the child's records when such material is required in connection with determining a claim for payment. I hereby assign all payments for service for this child to Great Lakes Center for Autism Treatment and Research a program of Residential Opportunities Incorporated. I agree to pay for any charges not covered by his or her insurance.

_____ _____

Parent/ Guardian Signature Date

_____ _____

Witness Date