

AGREEMENT FOR BEHAVIORAL HEALTH SERVICES & FINANCIAL AGREEMENT

Welcome to Beacon Pediatric Behavioral Health (“Beacon”)! We look forward to serving you, your child and/or your family! From hereon, we will refer to you, your child, and any other parent or guardian collectively as “the client.” Additionally, from hereon, our agency will simply be referred to as Beacon and is considered to encompass the company itself, as well as any provider or staff member operating under Beacon or providing services to clients. Prior to the start of any services, it is vital that clients fully understand every aspect of the behavioral healthcare process. This document includes the following sections that you must review, complete, and/or sign:

1. The **Agreement for Behavioral Health Services** (contains important information about our services and policies and provides permission for services to commence)
2. The **Financial Agreement** (which explains billing, reimbursement, insurance practices, and patient responsibility for payment)

Additional documents are provided as an addendum, which you will also be provided and required to read, review, and sign,

3. The **Credit Card Authorization Form** (required for all clients, rare exceptions may be made, such as when evidence is present showing cap has been met or client has no copay, no co-insurance, and no deductible according to plan)
4. The **Notice of Policies and Practices to Protect the Privacy of Your Health Information** (regarding HIPAA)
5. The **New Client Information Sheet** (your basic contact information, insurance details, and basic client background)

*For clients seeking psychological evaluations and/or applied behavior analysis (ABA) therapy, additional documents and agreements for these services (e.g., **Testing Agreement, ABA Policies, etc.**) must be reviewed, completed, and signed as well. Self-Pay clients will also receive the **Estimate of Fees** document and a **Good Faith Estimate** upon request. Insurance clients may also request a copy of the **Estimate of Fees**, which provides a breakdown of fees for self-pay services, as well as a general average range of ‘allowed amounts’ across different insurance companies at this point in time (for reference).*

Although these documents are long and sometimes complex, it is very important that you read them carefully and ask any questions you may have as you are responsible for understanding and abiding by the policies related to the services you are receiving, understanding the potential cost for the services you are seeking as well as the details, restrictions, and reimbursement of your insurance coverage (if using benefits), and for payment of any amounts determined to be patient responsibility. Copies of all policies and forms can be found on our website at any time; additionally, more in-depth information on a variety of topics can be found throughout the website and on the FAQ page – www.beaconpediatric.com – you are *strongly* encouraged to read the FAQ in depth before starting services as well. As you review this agreement, please INITIAL at the end of each page to attest that you have read, understand, and agree to the information presented; please also sign and provide any requested information at the end of the document. ***When you sign this document and each of its sections, it will represent a binding agreement between us.***

AGREEMENT FOR BEHAVIORAL HEALTH SERVICES**PHILOSOPHY/THEORETICAL ORIENTATION**

In this field, providers often have different views on human development, theories behind the cause of psychological or behavioral symptoms, and methods of treatment. Here at Beacon, we have an eclectic mix of philosophies; however, we believe most strongly in behavioral, cognitive-behavioral, ecological systems, and biological/physiological theories. Beacon does not discriminate between age, gender, gender identity, race, national origin, religious belief, sexual orientation, disability, or veteran status.

SERVICES

Beacon provides a variety of services to clients, including individual therapy, family therapy, group therapy, social skills training, parent training, Applied Behavior Analysis (ABA) therapy, assessment and testing services, school consultation, and student advocacy. The type of services provided will depend on your child’s needs, your identified goals, insurance rules and limitations (if using a third party payor), and clinical judgment. We are committed to making a positive difference in your life and consider the work that we do with our clients as a collaborative effort. While we are dedicated to helping assess and improve your areas of concern, as is the case with any type of therapy or behavioral health service, we cannot provide a guarantee of a specific outcome or warranty of success.

LOCATIONS

Beacon has 2 clinic locations-

SOUTHPOINT OFFICE: (primary office) 6816 Southpoint Pkwy, Suite 202, Jacksonville, Florida 32216 (psychological evaluations, mental health therapy, ; and administrative services; NO ABA)

MANDARIN OFFICE: 12025 San Jose Blvd. Suite 2, Jacksonville, Florida 32223 (ABA therapy, mental health therapy; NO psychological testing; located directly next door to our therapy partners, who provide Speech and Language Therapy, Occupational Therapy, and/or Physical Therapy)

Please note, certain services may be provided in the home, school, or community, depending on treatment needs and circumstances, schedule/staffing logistics, and stipulations identified by any third party payors/ restrictions placed by insurance companies.

OFFICE HOURS

Due to the types of services we provide, and our multiple office locations, clinic doors may not always be open/ providers may not always be present at all locations and/or for the entirety of general office hours. Although services are typically available between the hours of 8:30 am and 6:00 pm, Monday through Friday, please be aware that hours are subject to change and may vary by provider and/or location. Offices may be closed on holidays, though clients should speak with their provider directly to determine availability. Walk-in services are not available. Individuals are strongly discouraged from arriving to either office location without scheduling with the provider ahead of time, as we cannot guarantee that the provider will be present or available, or that the office will be open.

CONTACT

MAIN OFFICE LINE: (904) 419-7792 (call or text) **BILLING DEPARTMENT:** (904) 366-9868 (call or text)
FAX: (904) 900-7732 **MAIN EMAIL:** info@beaconpediatric.com **BILLING EMAIL:** beaconbillingteam@gmail.com

During the first appointment, your provider will share their contact information with you to call, text, and/or email them directly for future correspondence. If you need to reach your provider quickly and/or need to inform us about changes to your schedule (late arrival, cancellation, etc.) please DO NOT contact the main office line, rather contact your provider (and/or the supervisor when relevant). Any messages left on the main office line may take up to 3 business days to respond to; the main number is not a live line. Please understand that providers are with clients throughout the day and may not always be available for direct contact (e.g., phone calls) during non-work hours. We will do our best to return any messages as soon as possible; however, we can typically respond to emails and texts MUCH more rapidly than calls. .

EMERGENCIES OUTSIDE OF SESSION TIME

We care significantly about the health and safety of your child. Therefore, if a mental health crisis arises outside of your child's appointment time, or if you are concerned for your child's/others' safety at any time, please DO NOT reach out to your provider at Beacon or to the main phone line; your emergency likely requires a much more expedient response than we will be able to provide and we do not have crisis staff available 24/7 at our facility. If you or your child are encountering a life-threatening emergency or dangerous situation, please contact 911 immediately. The national crisis/ suicide hotline can be reached by calling or texting 988 at any time. Local crisis lines include: the Mental Health Resource Center (MHRC) (904) 642-9100 and Baptist Health (904) 202-7900.

ATTENDANCE: MENTAL HEALTH SERVICES AND PSYCHOLOGICAL TESTING

This section addresses attendance policies regarding mental health therapy, psychological testing, etc. Testing is typically scheduled in 1.5-3-hour 'chunks' across 1 to 3 dates. Therapy is typically a 1-hour slot and is set as 'recurring' (e.g., same day, time, and location every week, every other week, etc.) and faded as progress is made. Attendance policies specifically related to ABA therapy are provided within the *ABA Therapy Policies Agreement*.

An appointment cancelled with more than 48 hours notice is considered a "timely cancellation." An appointment cancelled with less than 48 hour notice is considered a "late cancellation." Failing to attend an appointment without cancelling is considered a "no show." We request that you arrive shortly before your scheduled time to ensure that you benefit from participation in your entire appointment. If a client is more than 15 minutes late to an appointment, the client may not be seen, in which case the appointment will be categorized as a "no show." Clients are expected to text/call/email THEIR PROVIDER DIRECTLY to inform them of any anticipated cancellations or expected tardiness to appointments.

Clients are permitted 1 late cancellation/no show per year without penalty; thereafter, clients will be charged an "Attendance Fee" of **\$75 for each hour** that had been reserved for the client's appointment that they "late cancelled"/"no showed" (testing services are often 2 hours or more and shall be charged as such). Attendance fees cannot be billed to insurance and will be charged to the client's credit card on file. For "emergency cancellations," or missed appointments that occur due to unavoidable emergencies or illness, the attendance fee *may* be waived at the provider's discretion, though we may require the provision of documentation (e.g., doctor's note, etc.) before doing so. Please be aware that persistent or repeated patterns of attendance issues of ANY kind may result in additional fees, limits on preferred time slots, the requirement for an attendance contract, and/or discharge.

Clients that have not received services in 30 days, or more, will be discharged and their case closed (unless this gap is pre-approved by the provider). If your case is closed, you may reach out to resume services; however, clients with previous history of attendance issues or delinquent account balances may be denied services and-referred elsewhere. Clients that return after a year or more must complete another initial intake interview to obtain up-to-date information. After discharge, we cannot guarantee that your previous provider will be available, or that a preferred appointment time will be open, as caseloads often fill up quickly. If this occurs, we will determine if any other providers at Beacon are able to serve your child; if we ultimately are unable to provide services, you will be given a list of other potential referrals in the community.

CONFIDENTIALITY/ RECORDS/HIPAA

Details regarding HIPAA are provided further on the separate *Notice of Policies and Practices to Protect the Privacy of Your Health Information*. This document will provide you with details as to when written release is required for release of information, and when it is not. Pursuant to HIPAA, we keep Protected Health Information (PHI) in two sets of records. The first set is the *Clinical Record*, which consists of administrative information (e.g., insurance and billing details, etc.) and basic therapeutic/assessment information. It may include information about your presenting concerns and symptoms, diagnoses, assessment scores and summaries, treatment plans, goals for treatment and progress, social history, any past treatment records that are received from other providers, reports of any professional consultations, your billing records, and any reports that have been sent to anyone, including reports to your insurance. Another set of records is kept separate from your Clinical Record and includes information that remains private and cannot be released to any individual or agency outside of Beacon; this set of records is often referred to as *Psychotherapy Notes* and/or the *Test Data Record*. This set may consist of psychotherapy (or process) notes (if kept) and/or raw test data and protocols (for evaluations). These notes are only for use by the therapist/evaluator and may contain particularly sensitive information and therapist/evaluator process notes and observations that are not required to be included in your Clinical Record. Test data and protocols with notes and responses are protected from disclosure are only for use by the evaluator. Any emails, texts, and notes taken during phone conversations and from voicemails are considered to be a part of the Clinical Record. Please understand that depending on the type of record request, and the reason for the record request, such information may be disclosed.

All records are retained for 7 years after a client's last attended appointment; records are kept in a secure location and disposed of in a confidential manner after the legally specified time. If Beacon closes, all active clients will be notified; inactive clients may reach out by finding the contact information for Dr. Adrienne DeSantis King or Dr. Paras Nabizadeh through the Florida Psychological Association.

MINORS AND MATTERS OF PRIVACY/ PRIVILEGE/ CONFIDENTIALITY

Although a child's parents/guardians have legal right to information maintained within medical records, varying degrees of confidentiality are afforded to children and teen clients, depending on age and goals of treatment. Typically, only general information is shared about the minor's treatment, especially teen clients. Disclosure is only required when it is determined that the child/teen is in significant risk of harm or they may harm someone else. The nature and limits to confidentiality are discussed during the first session to ensure that both parents and minors are aware of, and agree upon, the information that will and will not be shared. A child's records are maintained with the highest level of confidentiality afforded.

RECORD REQUESTS

You may request certain records, though there are circumstances under which such requests may be denied (e.g., as contraindicated, if release would cause risk of significant adverse or detrimental consequences, as part of a custody dispute, where subpoena is required for release, when client-therapist privilege has not been waived by the child, etc.). Beacon will not release records to be used in matters of custody dispute. In circumstances where release of records directly to the client is denied, Beacon may, if requested, provide a copy of records directly to another treating health care provider once client completes a release. Additionally, by law, Beacon reserves the right to provide you with a treatment summary in lieu of actual records. If we refuse your request for access to your records, you have a right of review, which we will discuss with you upon request.

When permitted, requests for records will be responded to within a 30 day period when reasonably possible. Per HIPAA, Beacon may charge clients a fee for (electronic or paper) copies of records considered as part of the client's protected health information (PHI). Before any records may be released, clients may be required to pay this fee in full. Payment for record fees will only be accepted via credit card; before credit card can be charged, clients must fully complete and sign the Credit Card Authorization form (attached).

LEGAL PROCEEDINGS

If you are involved in court proceedings and a request is made for information concerning the professional services that were provided, such information is protected by the psychologist-client privilege law. If you are involved in or contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order Beacon to disclose information and let us know. Typically, information is only released when related to legal proceedings when the judge issues a subpoena, and even in such circumstances, please be aware that orders for records or appearance in proceedings are often ultimately quashed by the provider's legal team in order to protect client privilege. Beacon will not release records to be used in matters of custody dispute. Significant additional costs will be incurred by the client (that must be paid out of pocket and is not covered by health insurance) as a retainer fee and for any time that a therapist spends related to involvement in any court proceedings (e.g., extensive documentation preparation, time spent attending court hearings and/or consulting with lawyers or individuals related to the legal proceedings, etc.) These rates can be provided upon request.

MATTERS OF CUSTODY

Only one parent must consent to services when parents are married. When a child's biological/custodial parents or guardians are separated, divorced, or never married, Beacon requires that legal documentation is kept in the client's confidential file regarding custody agreements and parental rights (specifically regarding access to the child's medical information and parent rights to make medical decisions). Upon the provision of written permission (as provided through your completion of these documents) from any adult who claims to have authority to consent to treatment, Beacon shall be authorized to provide services to the minor client for which services are sought. In cases where parents/guardians are not married (but share authority regarding medical decisions), BOTH individuals must consent to the child to receive services. If both parents/guardians are not present at the initial intake, the parent that attends the initial intake appointment is responsible for obtaining consent from the other parent and MUST attest on the new client documents that both parents/guardians are aware of and consenting to services for the child. It is the responsibility of the parent/guardian that schedules/attends any sessions at Beacon to inform the other parent/guardian of scheduled appointments, contact information for the provider, progress updates, etc. If both parents/guardians have legal custody of the child, then BOTH parents are welcome and encouraged to contact the therapist at any time. It is NOT the responsibility of any provider or employee at Beacon to initiate contact with the non-attending parent/guardian, nor to inform the individual of appointment dates and extend an invitation to attend. At the provider's discretion, the provider may permit only written communication outside of session and may require both parents/guardians be included on all communication as well. As previously stated, Beacon will not release records to be used in matters of custody dispute.

CONDUCT

All therapists and evaluators at Beacon adhere to Florida law and the Code of Ethics associated with their specific provider type and licensing/certification board. Some governing boards include the American Psychological Association (APA) and the Behavior Analyst Certification Board (BACB), though additional boards oversee other types of mental health providers (e.g., licensed mental health counselors, licensed marriage and family therapists, etc.). The Florida Department of Health also governs most types of behavioral health providers (with the exception of Applied Behavior Analysis). Please bring any concerns you may have immediately to the attention of the Executive Director or Assistant Director at Beacon. Additionally, please be advised that if you have any ethical complaints, you may also contact the governing bodies for each profession directly.

FINANCIAL AGREEMENT

It is extremely important that you read and understand this portion of the agreement in its entirety, as you are responsible for knowing and understanding your insurance coverage, benefits, and limitations (if using insurance) and the potential costs involved with the services you are seeking, and you are ultimately liable for payment of any costs that are not covered by insurance and/or determined to be patient responsibility following processing by insurance (if using benefits) or as stated in the explanation of fees for self-pay clients.

METHOD OF COVERAGE/PAYMENT

INSURANCE CLIENTS: For clients that wish to utilize their insurance benefits for services, prior to starting services, you MUST confirm with your insurance plan that our agency/providers are in-network with your plan AND the services you are seeking are covered under your plan. Insurance may request specific CPT codes for services (which may be found on the *Estimate of Fees* document; please request it if needed); you may provide the following details to insurance to assist in determining network status:

Provider: Beacon Pediatric Behavioral Health, **Group NPI:** 1770838872, **Directors:** Adrienne L. DeSantis King, Ph.D., BCBA-D, licensed psychologist/Board Certified Behavior Analyst, Doctoral, (NPI: 1467605493), Parastoo Nabizadeh, Psy.D., BCBA-D, licensed psychologist/ Board Certified Behavior Analyst, Doctoral (NPI: 1114226974), **Primary Address:** 6816 Southpoint Pkwy, Ste 202, Jacksonville, FL 32216.

It is EXTREMELY IMPORTANT that you provide us with ALL accurate insurance information when completing the online new client inquiry, as well as the *New Client Information Sheet* on the date of your intake, and that you update our team IMMEDIATELY if there are ANY changes to your insurance coverage at any point (e.g., change of plans or insurers, addition of a secondary plan, loss of coverage, etc.). Many providers at Beacon are credentialed with several insurance companies, though not all providers are in-network with every plan or for every service. Additionally, every insurance is different in terms of billing and credentialing practices as they relate to 'para-professionals (e.g., RBTs, psychometricians), registered interns and post-doctoral residents, and/or 'incident to' services. We use the information that you provide to ensure that you are scheduled with a provider that will be covered under the insurance you indicate you have, for the services you are seeking. If the information you provide is incorrect or there are changes without you informing our team, it is likely that claims may be denied, or if claims are paid, they will be recouped months later, leaving you liable for a significant payment to Beacon. *You are responsible for the accuracy and timeliness of the information you provide, and Beacon bears no responsibility for issues, denials, or recoupments that arise from failure to provide Beacon with correct and up-to-date information.*

SELF PAY CLIENTS: Clients may choose to pay out of pocket for services if the provider is not considered in-network the services they are seeking are not covered by their insurance plan, or if they choose to ‘opt out’ of using insurance despite coverage or network status (an ‘opt out’ form must be signed by the client if so). General estimates for self-pay fees may be found on the *Estimate of Fees* document, though Beacon will provide you with more specific estimates of cost once you are assigned to a provider and we have a clear understanding of the type of services you will be receiving. Clients that are not using insurance are entitled to a “Good Faith Estimate” if requested; more information on this is provided further in this document.

FEES

Cost for services will vary SIGNIFICANTLY depending on the following factors: The service you are getting (mental health therapy vs. ABA vs. testing, etc.), provider type and level, the reimbursing entity (‘self-pay’ vs. health insurance [each plan will vary as well]), the amount of time and number of units required for the services provided, the ‘allowed amount’ that your insurance has agreed to for CPT codes, and the details of your insurance plan (e.g., service exclusions, co-pay, cost-share, deductible, and/or yearly cap amounts). Under insurance, even the ‘allowed amount’ for different service CPT codes may vary dramatically across different plans, and rates are typically changed by insurance annually. We can more accurately provide an estimate of cost for services for clients that are ‘self-pay’ (and not using insurance benefits). Details regarding potential estimated fees and payment expectations and/or the *Estimate of Fees* document can be provided to you upon request. Clients must review, complete, and sign all related forms.

INSURANCE CLIENTS: Although we will do our best to check benefits, some details regarding certain insurance plans may not be accessible to us or through the insurance portal; additionally, it is possible that the information that insurance provides us may not always be accurate or the most up to date. To ensure accuracy, we encourage you to ask us any questions you may have and recommend that you contact your insurance provider directly, as YOU are ultimately responsible for understanding the details of your coverage and anticipated potential costs associated with services. Insurance plans have become increasingly complex, making it difficult to fully predict exact costs at times. As a courtesy, estimates of approximate fee ranges may be provided to you on the *Estimate of Fees* document (please request if needed). The amounts on the provided chart are only rough estimates based off averages from current reimbursement rates across various insurance plans (as of the date listed on the chart) for which we are credentialed. At the time of this printing, the approximate allowed amount across insurances generally fall within the following ranges (*though costs are subject to change as insurance companies update reimbursement rates; if you wish for more details you must request the Estimate of Fees document*): initial intake interview = \$158.00-\$250.00, 45-60 min therapy = \$87.00-\$150.00, psychological testing = \$500.00-\$1800.00, ABA therapy = \$40.00-\$125.00/hr & biannual treatment plans = \$500.00-\$1250.00. Insurance rules restrict our ability to share exact details regarding reimbursement, therefore the information above and within the chart provided on the *Estimate of Fees* document is intended as a *general guide and NOT a guarantee of cost*; clients must contact their insurance company for the most exact and up-to-date details on ‘allowed amounts’ for their specific plan and/or for updates on rate changes hereafter. In the event you disagree with the way that insurance processed your claims and the patient responsibility that insurance has determined you must pay, you will need to contact your insurance company to appeal or dispute their determination; however, you must *first pay the patient responsibility owed to Beacon*. If insurance changes their determination and as a result the patient responsibility becomes less than you paid, please provide Beacon with a written copy of this change in decision from the insurance company and the updated EOB reflecting the change and Beacon will refund you the difference in cost at that time. ***By signing this agreement, you are indicating that you have been provided with a very general idea of potential costs, that you understand you are responsible for requesting the more detailed Estimate of Fees document for additional information if needed, and you understand that exact cost for some services may not be fully known until after insurance is billed and the EOB is returned. Further, by signing this document, you are attesting that you understand and agree that you are responsible for payment of whatever the patient responsibility is determined to be, that insurance does not pay, whether provided with an estimate ahead of time or not.***

SELF-PAY CLIENTS: Clients that are not using health insurance for services have the right to receive a “Good Faith Estimate” explaining how much your services may cost. Under the law, health care providers must give patients who don’t have insurance or who are not using insurance an estimate of the expected charges for medical (and behavioral health) services. Self-pay clients have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency healthcare services, including psychotherapy, testing, and/or ABA. Although general ranges of cost are provided above and on our website, self-pay clients can ask for a Good Faith Estimate before scheduling a service. If a self-pay client receives a bill that \$400 or more than the Good Faith Estimate, this may be disputed, thus it is important to save a copy of your Good Faith Estimate. For questions or more information about your right to a Good Faith Estimate as a self-pay client, visit www.cms.gov/nosurprises.

CLIENT SUBMISSION FOR REIMBURSEMENT: At times clients may wish to submit claims for reimbursement themselves under out-of-network benefits, from a grant/scholarship, or HSA. For such clients, you will be charged as a ‘self pay’ client, and we can provide you with a receipt of charges (“a superbill”) within 30 days AFTER we have received payment for such services, as long as your account is in good standing (\$0 balance and/or anybalances due are less than 30 days old). ***NOT ALL services or providers will be reimbursable.*** You are responsible for determining what information is needed from your insurance company or funder to submit for reimbursement, and also for knowing what is and is not covered or if any pre-authorization is needed in order for services to be covered.

REIMBURSEMENT RESTRICTIONS AND EXCLUSIONS

Insurance companies and funding sources often have restrictions on coverage of services and what is considered reimbursable, including the types and amount of specific services allowed. Mental health therapy is often only covered for up to 1 hour per week and 1 provider at a time. ABA therapy is typically ONLY covered by insurance for individuals that have been diagnosed with Autism Spectrum Disorders (ASD) after an authorization has been approved, though not all plans cover ABA. For testing, insurance may not cover evaluations for certain purposes or diagnoses (often gifted, learning disorder/educational testing, and occasionally ADHD are excluded), and some insurance plans require preauthorization or exclude any kind of coverage for psychological testing. If you are seeking any of these services, you MUST contact your insurance plan or funder ahead of time to determine the details of coverage before your first appointment. Please be aware that there may be separate fees that are not covered by any entity for certain activities that may be requested by the client (e.g., extensive email or phone correspondence, travel for off-site sessions, etc.). Finally, previously explained, any costs related to legal proceedings are not covered by insurance and must be paid out of pocket by the client and in conjunction with the use of a retainer fee before staff will be able to take any action or respond to any requests related to legal or court proceedings. These fees are above and beyond typical hourly therapy fees, and can be provided upon request.

COMMUNICATION REGARDING BILLING AND INSURANCE

Paper invoices are NOT provided via mail, as this has been identified as an inefficient means of communicating with clients about their financial responsibility. Billing will reach out via the email address(es) and call and/or text at the phone number(s) you provide *on your intake paperwork*. It is YOUR RESPONSIBILITY to check the emails/numbers you have provided to us and ensure you receive and respond to any messages sent by our agency; any timelines regarding payment cycles will apply to the dates messages are sent. If/when charges have been made, a receipt will be sent to you via email with details regarding the charge and service type/date. Please see the "Delinquent Accounts" section below for information on contact methods utilized for delinquent accounts and/or during collection attempts.

BILLING TIMELINE

For insurance clients, there may be a lag between when services are delivered and when charges for services are made. Depending on the type of service your child is receiving, how often your appointments occur, the type of insurance you may be using, and whether insurance encounters any issues when processing the claims (where claims may be delayed by months). We do our best to submit claims in a timely manner and generally, insurance may return claims back to our agency within 2 - 6 weeks of session date. Due to the intensive nature of ABA and the complicated manner in which this service must be billed, charging copays daily becomes inefficient; charges are generally made bi-monthly or monthly instead. Because of variability in claim processing speed across different insurances, for a variety of reasons outside of our control, charges will likely not be consistently at the same time or the same amount; however, a receipt will always be emailed to you and the billing department is happy to provide you with a summary of dates for which charges were made. In some circumstances, especially when insurance plans have a high deductible or cap, Beacon may require that ABA and/or testing clients pay an estimated amount due. See below for more details.

CHARGING AND PAYMENT OF ESTIMATED FEES PRIOR TO SERVICE

INSURANCE CLIENTS: PLEASE BE AWARE - Beacon reserves the right to estimate fees and charge clients the full estimated cost for service(s) prior to services being performed and/or prior to receipt of the EOB from insurance. This will occur under the following circumstances: if an insurance benefit evaluation reveals that a deductible remains or that the cap has not been met and co-pays apply, if Beacon is unable to clearly determine patient responsibility via the insurance portal ahead of time, if claims have been submitted to insurance yet no EOB has been provided to Beacon within 2 to 4 weeks of claim, and/or if patient has displayed a pattern of delinquency in payment for previous charges. Once your insurance processes the claim and provides Beacon with the EOB, Beacon will refund the client's credit card any overage paid, or if client has underpaid, Beacon will charge the client's credit card on file the difference in cost. If you have a copay, you will be responsible for the copay for every date of service (intake, therapy, direct testing, indirect assessment tasks, feedback consultation, etc.). For testing clients, if you have a high-deductible plan, you will be responsible for the entire insurance-contracted rate, which may range between \$500.00 and \$1800.00. If academic testing is required and not covered by insurance, and/or for gifted testing, client MUST pay this self-pay fee prior to testing and/or release of official report.

CREDIT CARD POLICY

At the start of services, ALL CLIENTS MUST place a credit card on file with authorization for charges to be made by completing the **Credit Card Authorization Form**. Rare exceptions may be made to this policy, such as when evidence is present showing cap has been met or client has no copay, no co-insurance, and no deductible according to plan, etc. Your credit card information is stored in the encrypted online card processing system. Under HIPAA, we must follow strict rules and guidelines in terms of protecting patient privacy

AGREEMENT FOR BEHAVIORAL HEALTH SERVICES & FINANCIAL AGREEMENT

and the credit card is considered protected health information. Because of this, our office is far more secure than most retail establishments as it relates to identity theft.

We are able to process Visa, Mastercard, or Discover cards for payment (American Express is not accepted). If you choose to put a debit card or a Health Savings Account (HSA)/FSA/Flex Plan card on file (that will be processed as a credit card; a Visa/MC logo must be on the card), you must guarantee sufficient funds will be available and also provide a true credit card as a secondary form of payment, for backup. After charges are made, a receipt will be EMAILED to the email address listed that you provided on your paperwork. *Please note, details regarding the appointment date(s) and reason for charge will be included within the emailed receipt; the date that your card is charged MAY NOT correspond with the date of service for which the charge applies.* In the event your credit card is not able to be processed for any reason, Beacon will follow the steps outlined below in the “Delinquent Accounts” section of this agreement. For payment plans, credit card charges are processed according to strict guidelines of the payment plan contractual agreement; polices from this contract continue to apply as well.

FEE SPLITTING AMONG CAREGIVERS

We understand that balances are sometimes paid by more than one caregiver and that in certain circumstances, one caregiver may be responsible for a certain percentage of a balance, while another caregiver is responsible for the rest. Please note that Beacon Pediatric Behavioral Health is NOT responsible for invoicing or billing more than one caregiver; it is the caregiver, on record via signature, responsibility to ensure full payment is provided and to personally communicate and obtain the accurate percentages are contributed by the other caregiver as they have agreed upon. Beacon Pediatric Behavioral Health MAY, as a courtesy, invoice or bill each caregiver separately; however, in the event of non-payment from either caregiver, this courtesy can immediately be revoked and the individual that has signed this agreement (the guarantor) will be considered the responsible party from whom payment will be required in full.

REFUNDS

Refunds are unable to be provided for any services rendered; refunds are only permitted in circumstances where health insurance claims are processed resulting in a lower patient responsibility than previously identified and paid by the client, or where Beacon is identified to have inadvertently made an erroneous charge.

DELINQUENT ACCOUNTS

We will make diligent efforts to collect all charges that are due from insurers according to established industry standards and will seek to apply payments and contractual adjustments on a timely basis to the client’s account. These efforts include billing all available insurance plans for which the provider is credentialed, according to the payers’ requirements and timely follow up of denied claims. Clients or other guarantors (e.g., parents or guardians) will be held responsible for all account balances that remain after application of all insurance payments, contractual adjustments, and agreed on discount/adjustments in accordance with any remittance advice received from the payer. Charges will be made to the credit card on file; however, in the event a balance accrues and/or the full amount due is not paid/able to be charged for any reason, our billing team will make an *initial contact attempt* via the email address(es) and/or phone number(s) provided on the documents completed at intake. Clients MUST respond and provide a current active credit card with sufficient funds available **WITHIN 5 CALENDAR DAYS** of this *initial contact attempt*; a successful transaction must process and pay the amount due that same day. For clients actively receiving services, Beacon may pause services (or in some situations, terminate and refer out) for balances that remain unpaid **WITHIN 30 CALENDAR DAYS** of *initial contact attempt*. For psychological testing clients that have pending amounts still due, the evaluator may provide client a draft summary of scores, with the official report sent at a later time once insurance has processed claims and/or balance due has been paid in full.

Balances left unpaid for **MORE THAN 60 CALENDAR DAYS** past the date of *initial contact attempt* are subject to collection actions. Collection actions may include emailed/mailed patient statements/letters, certified final notices, assistance from a collection agency, implementation of legal steps, and/or involvement of the court. We will make reasonable efforts to send each client a final collection notice prior to the account being sent to collections. If we commence collection activities to collect any payment due, you will be responsible for and pay all reasonable collection expenses and fees incurred. If we commence legal proceedings to collect any payment due, you will be responsible for all reasonable attorneys’ fees, court costs, and other reasonable collection expenses incurred. Escalation to these steps will require that Beacon share some of your information with the individuals and agencies involved in such collection attempts. Your signature on this document indicates that you understand that doing so is not considered a breach of confidentiality nor a violation of HIPAA and you consent to Beacon taking such steps, if necessary. Additionally, for insurance clients, please note that failure to pay the patient responsibility portion of fees, as dictated by insurance, breaches your contract with the insurance company and may be interpreted by insurance as a fraudulent act by the client, especially in situations where the amount due is considered toward the plan’s deductible, despite not being paid. We must report your failure to pay to the insurance company to prevent breach of our contract with your insurance as well.

AGREEMENT FOR BEHAVIORAL HEALTH SERVICES & FINANCIAL AGREEMENT

For clients that have a delinquent balance with an approved payment plan in place, Beacon will adhere the procedures outlined within the plan, in conjunction with this agreement. Payment plans may be considered and offered on a case-by-case basis; however, all payment plans require a separate contractual agreement (wherein a credit card must be placed on file and will be charged a set minimum amount on a specific schedule until the balance has been paid in full). Upon termination/discharge of services, you remain responsible for any balance due for services previously rendered, regardless of your child's status as an active or inactive client. Please understand that payments plans are only approved on occasion due to unique extenuating circumstances, and if provided, is done so as a courtesy; such agreements include very specific and stringent guidelines and timelines that **MUST** be abided by, as the agreement will be immediately rendered null and void following the breach of any aspect of the agreement, defaulting to the requirement for the client to therefore immediately pay the entire balance in full to prevent escalation to collection attempts and/or legal steps.

PLEASE COMPLETE, SIGN, AND ATTEST TO THE FOLLOWING

I attest that the information that I have provided to is true and accurate to the best of my knowledge. I hereby acknowledge that I have read and understand the information in this entire agreement and agree to abide by its terms during our professional relationship, and thereafter (where relevant). Further, I attest that I have reviewed, understand, completed fully and with accuracy, and signed the addended related documents to this agreement - the Credit Card Authorization Form, the Notice of Policies and Practices to Protect the Privacy of Your Health Information (regarding HIPAA), and the New Client Information Sheet, for which this agreement shall apply as well. I agree to my child receiving services at Beacon Pediatric Behavioral Health and I attest that I have authority to make such decisions and my initiation of services does not violate the legal rights or agreements with any other legal guardian/parent of my child; Beacon and its providers will not be held liable for any misinformation provided or for any failure on my part to provide Beacon with relevant details regarding custody/legal rights to medical decision making for my child. Finally, I attest that I am designated as the financial guarantor and will be ultimately responsible for payment of any balances due, understanding the ramifications if left unpaid. I agree to abide by all aspects of the financial policies outlined in this document. This agreement and its terms shall last in perpetuity, regardless of the client's status as an active or inactive client and shall only be superseded by the completion and signing of an updated Agreement for Behavioral Health and/or Financial Agreement, as provided to me if/as necessary in the future.

Client/Child Name:**Name of Parent(s)/Guardian(s) Completing this Agreement ("Guarantor"):****Guarantor's Social Security Number (REQUIRED):** _____ - _____ - _____**Signature:****Date:**