



Financial Policy

Thank you for choosing Afg Guidance Center as your behavioral health care provider. We are committed to you and your family's treatment being successful. Please understand that the payment of your bill is considered a part of your treatment. The following is a statement regarding our Financial Policy, which we require you to read and sign in order to receive ongoing treatment.

PAYMENT FOR SERVICES

- We only **accept Blue Cross Blue Shield PPO** for insurance.
- For **Out of Network** clients, full payments are due at the time of service unless other arrangements have been made with your individual provider.
 - You will be provided with a receipt that you can submit to your insurance provider for reimbursement. We recommend that you become familiar with the guidelines pertaining to your specific policy in regards to seeking reimbursement when seeing an out-of-network provider.
- Payments in the form of Cash, Checks, or Credit Card (Discover, Mastercard, or Visa) are accepted. Checks should be made out to Afg Guidance Center.
- There is a \$30.00 service fee for checks returned for non-sufficient funds, and the client will be required to pay for future sessions in cash.
- **PRIOR TO THE FIRST APPOINTMENT**, please call the number on the back of your card to find out what your behavioral health coverage includes. Please verify with your company the amounts of coverage for outpatient psychotherapy. Please confirm your Behavioral Health care is covered by your Blue Cross insurance policy prior to the start of services. If your policy requires preauthorization to receive services, this is your responsibility and needs to be handled before your first visit. You will be responsible for fees due to no authorization being obtained.
- This office cannot accept responsibility for collecting your insurance claims or for negotiating a settlement on a disputed claim.
- Additional fees are charged for lengthy telephone communications (over 15 minutes), court attendance, school observations, and progress report/letter writing. Insurance does not cover this. Rates for these services will be provided to you by your therapist/psychiatrist.

I hereby agree to full responsibility for all expenses incurred by this client and hereby assign Afg Guidance Center and all insurance benefits due to me to the full extent of my financial obligation to AFG. I understand my insurance coverage is a relationship between my insurance company and me and I agree to accept financial responsibility for the payment of charges incurred.

Signature of Client or Responsible Party

Date