



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

Insurance:

- We only **accept Blue Cross Blue Shield PPO** for insurance. We are out of network for Blue Choice and may be considered a Tier II provider for Blue Options plans. You must **verify** your insurance coverage prior to beginning services at our practice.
- **PRIOR TO THE FIRST APPOINTMENT**, please call the number on the back of your card to find out what your behavioral health coverage includes and to confirm that Afg Guidance Center is in your provider network. Please verify with your company the amounts of coverage for outpatient psychotherapy. We will provide you with an insurance verification form which will assist you in verifying your coverage prior your intake appointment.
- 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.
- For **Out of Network** clients, full payments are due at the **time of service**.
 - 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.

Co-Payments, Deductibles and Fees:

- Co-Payments, Co-Insurance and Deductibles, and fees not covered by insurance are due at the time of service. 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.
- You may provide us with an active credit card number by completing and signing our Authorization for Payment form, which we will charge per appointment for deductibles, copays, co-insurance or out of network fees.
- There is a \$35.00 service fee for checks returned for non-sufficient funds, and the client will be required to pay for future sessions in cash.

Afg Guidance Center
 444 Green Bay Road Kenilworth Illinois 60043
 Office: 847-853-0234 Website: afgfamily.com

- Whoever (parent, grandparent, nanny, sitter, etc.) accompanies a minor to his/her appointment is expected to bring payment at the time of the service for the above noted fees.
- For separated or divorced parents, payment is expected from the parent bringing the child in for treatment. We will not bill another parent for payments due at time of service, regardless of which parent is responsible for the insurance.
- Unaccompanied minors should bring payment for said service or a credit card must be on file for payment at the time of the appointment.

Billing Statements:

- The balance of your statement is due and payable upon receipt, and is past due if not paid within sixty (60) days.
- Payments can be made in person, by mail or by phone.

Past Due Accounts:

- If your account balance is overdue by sixty (60) days or more, with no attempt to set up a payment plan, all future appointments will be cancelled and you will not be given the opportunity to make a new, non-emergency appointment until payment is made.
- Financial non-compliance may result in termination from the practice.

Phone Calls, School Observations, Forms and Letters:

- Additional fees are charged for lengthy telephone communications (over 15 minutes) at \$25.00 per 15 minutes. \$225 per hour for a school observations and \$210 per hour for progress report, \$20 for forms and letters. Insurance does not cover these services.
- Allow 7-10 business days to complete all forms and letters. There is a \$10 fee for “rush” requests.

Medical Records:

- There is a handing fee of \$20.00 to obtain medical records. Copies from 1 page through 25 are charge at \$0.75 per page. Copy pages 26 through 50 are charged at \$0.50 per page. Copy pages in excess of 50 are charged at \$0.25 per page thereafter. The fee must be paid prior to the release of the records
- We require **15 business days** to process a request for medical records. There is a \$10 fee for “rush” medical records requests.

Prescriptions and Refills:

- Medication requires physician monitoring. We will not refill prescriptions for patients who have not had adequate follow-up visits
- We will not refill a prescription for a patient who has not been seen in a **6 month period** from their previous appointment. An appointment with a psychiatrist must be made in order to obtain a prescription.
- We do not consider medication refills an “emergency”. If you run out of medication over the weekend/holiday and/or forgot to call for a refill, it will have to wait until normal business days.
- For patients who are in compliance with routine scheduled appointments, the following prescription refill policies apply.
 - Medication refills for patients who are consistently seen at the practice require a **72 hour** notice and will be made only during normal office hours.

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- “Walk-in” requests for refills will not be honored. This includes requests made during scheduled visits with our non-physician providers.
- Unless your medication requires a written prescription, please contact your pharmacy for refills and they will contact our office directly. All pharmacy requests will be completed by then end of the business day.
- You are responsible for the controlled substance medication prescribed to you. If your prescription is lost, misplaced, or stolen or if you “run out early” or “spill or misplace” your medication, please understand it may not be replaced under your insurance policy and you may need to cover the out of pocket cost for this medication.
- There is a \$15.00 charge to re-write a prescription due to it being lost, stolen or misplaced, or expired. This charge is not covered by insurance and must be paid prior to receiving the prescription.

Dismissal from the Practice:

- If you are “dismissed” or “terminated” from the practice, it means you can no longer schedule appointments, get medication refills or consider us to be your provider. You will have to find another practice for your services.
- Common Reasons for Dismissal:
 - Failure to keep appointments or frequent no-shows
 - Noncompliance or failure to follow physician and/or clinician instructions about an important health issue
 - Abusive behavior toward staff
 - Failure to pay your bill
- If you are dismissed we will send you a written notification via certified mail to your last known address. We will provide emergency services for a period of 30 days beyond the date of the letter. We will send a copy of your medical records to your new provider at your request following our record release protocol.

I hereby agree to full responsibility for all expenses incurred by _____
(Client’s name)

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 Client or Parent/Responsible Party Date

Afg Staff Date

Address of Responsible Party

Email of Responsible Party

Phone Number of Responsible Party