



## **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**.
  - Afg does not submit claims to out of network insurances.
  - You will be provided with a receipt that you can submit to your insurance provider for reimbursement upon request. 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.
- **We require the provision of an active credit card to keep on file by completing and signing our Authorization for Payment form**, which we will charge when balances are indicated in the account for deductibles, copays, co-insurance, insurance denials, or out of network fees. You are responsible for updating credit card information when applicable.

Afg Guidance Center  
 1622 Willow Road Suite 200 Northfield, IL 60093  
 Office: 847-853-0234 Website: afgfamily.com

- 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.
- 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.

### **General Fees:**

All fees are charged per Provider discretion per the medical necessity of the service provided at the appointment. All times stated are subject to the time range definitions provided by CPT guidelines.

Fees are subject to change. Fees may be increased by 10% on an annual basis, or as determined necessary by Afg Guidance Center.

### **Psychiatry:**

Psychiatry visit codes are selected based on the components of complexity, acuity, data and time involved in the appointment. Therefore, they do not have a flat rate and can range, and are generally between \$132.00 to \$420.00 per visit. We follow the AMA's CPT guidelines for code selection.

### **Therapy:**

Intake: \$247

60 minutes: \$187

45 minutes: \$165

30 Minutes: \$143

### **qEEG Assessment:**

Initial Interview: \$247

qEEG: \$1650

Subsequent bio-feedback based Therapy sessions: \$187

### **Billing Statements:**

- Balances will be charged to the credit card on file, as required. In the event a statement is received, it is considered due upon receipt.

**Past Due Accounts:**

- If your account balance is not able to be charged due to failure to provide an active credit card, all future appointments will be cancelled and you will not be given the opportunity to make a new, non-emergency appointment until updated credit card information is provided, and payment is made in full.
- Financial non-compliance may result in termination from the practice.
- Past Due Accounts may be submitted to a collections agency. In addition to the principal amount owed, you agree to pay 25% of the unpaid balance if the account is turned over to a collection agency or attorney in an effort to collect any outstanding balance. This may include, but is not limited to, filing fees, court costs, collection agency fees and attorney fees.

**Phone Calls, School Observations, Forms and Letters:**

- Additional fees are charged for lengthy telephone communications (over 15 minutes) at \$25.00 per 15 minutes. \$247 per hour for a school observations and \$230 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 handling 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.
- In the event that an appointment is scheduled by the patient after the recommended time frame, and there is a medication refill request made before the appointment, the Dr. may charge a \$27.00 fee.
- 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.
  - “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.
- Termination of care is at the discretion of the provider/and or practice owner.
- 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 within 60 days
- If you are dismissed, 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



## Cancelation & No Show Policy

At Afg Guidance Center, we trust you share our belief that therapy is medically necessary and receiving the prescribed therapy is crucial to a successful outcome for your child. We understand there will be times when your child is sick or other unavoidable events will prevent you from keeping your regularly scheduled medication, assessment, and therapy appointments. If this occurs, we ask that you contact your treatment provider as soon as possible so that they have the opportunity to reschedule the missed appointment and fill your child's time slot with another appointment. Our doctors and clinicians will do whatever they can to be available to your child and accommodate your family's schedule when making appointments. It is expected, in turn, that you will schedule appointments in good faith and facilitate adequate time in your schedule to keep your child's therapy a priority.

### Policy:

- We require 24 hour notice in the event of a cancellation. It is your responsibility, when you call in, to have an alternative time in mind that will ensure you get the full treatment for that week. In some cases this may not work.
- A No Show is a missed appointment that was not canceled within the 24 hour window.
- We cannot bill your insurance company for No Show appointments. Therefore, you will be responsible for fees associated with this missed session.
- Missed Psychiatric Evaluation and Medication Follow Up Appointments are billed at a no show rate of \$240.00 per scheduled hour for the psychiatric evaluation and per each missed medication management appointment.
- Missed Neurofeedback and Therapy appointments are billed at \$150.00 per scheduled hour.
- Patients who arrive more than 15 minutes past their scheduled psychiatric appointment will need to reschedule said appointment and will incur a missed appointment fee.
- Patients who arrive from 5-15 minutes late for their scheduled medication, assessment, therapy or neurofeedback appointment will be charge for the full appointment time.

I have read and understand Afg Guidance Center's Cancelation and No Show Policy.

_____ Signature of Parent	_____ Date	_____ Client Signature (Over 12)	_____ Date
_____ Signature of Parent	_____ Date	_____ Afg Staff	_____ Date

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