

FINANCIAL POLICY AGREEMENT

The following is a statement of our policy which we require that you read and sign prior treatment.

STATE OF ILLINOIS EARLY INTERVENTION PATIENTS:

All services will be billed first to the primary and any subsequent health insurance carrier(s) and second to the State of Illinois Central Billing Office. The family is responsible for notifying Milestones For Kids” Success, P.C. of any changes to their insurance carrier. You may be responsible for payment for services if claims are denied due to change of insurance if you have not notified your service coordinator or therapy providers in a timely manner.

INSURANCE PATIENTS:

We will gladly file insurance claims on your behalf, and will do everything that is reasonable to assist in the billing and collection of your claim. However, please understand that your insurance is a contract between you and your insurance company.

For insurance billing you must provide a copy of your insurance benefit card (s) to our office or present them at the time of your visit. We must have a current copy on file.

Insurance companies routinely pay for services within 30 to 60 days of billing. Balances unpaid by the insurance carrier will be transferred to the guarantor’s responsibility. Payment from the guarantor is due within 30 days. Balances older than 30 days will be subject to finance charges of 1.5% per month. Seriously past due accounts may be referred to a collection agency. We reserve the right to add collection costs for recovery to your balance. A \$35.00 fee will be assessed for checks returned for insufficient funds. For your convenience, we accept personal checks, VISA, MasterCard, Discover and cash, for any balances you may owe.

PPO/POS All applicable deductibles, co-insurance and co-pays are due at the time of service. All services will be billed first to the primary and any subsequent health insurance carrier(s). Non-contracted or out of network services will be billed as a standard insurance claim. **Family assumes all responsibility for any balances of claims unpaid by the health insurance carrier.**

HMO You must have your referral form from your primary physician (PCP) before you can be seen. Any co-pay as indicated by your plan is due at the time of service.

SELF-PAY PATIENTS:

Families who pay out of pocket must make full payment at the time of service . We accept cash, personal checks VISA, MasterCard and Discover. Please note Milestones For Kid’s Success, P.C. must be an out of network provider for families who choose to submit claims to their health insurance carrier on their own behalf. Families who choose this option must pay for the therapy session at the time of service(s). If payment is not received at the time of service, Milestones reserves the right to charge our full therapy fee.

The Undersigned does hereby agree to the terms and conditions of this Financial Policy Agreement. This form authorizes treatment on the dependent being seen at Milestones For Kids Success, P.C. This agreement also authorizes this office to release information relating to treatment necessary to file a claim with your insurance company. Your signature also authorizes the said insurance company to assign benefits to Milestones For Kids’ Success, P.C.

Name of Patient _____

Guarantor and relationship to patient _____

Signature _____

Date _____

Acceptance: Milestones – For Kid’s Success, P.C.

Signature _____

Date _____