

# The Follman Agency Financial Policy

Thank you for choosing the Follman Agency as your treatment provider. We are committed to your treatment being successful. Please understand your bill is considered a part of compliance with your recommended treatment program.

All patients must complete our Evaluation and Intake Packet, Financial Packet, if applicable, sign the Release of Information for Insured Patients Form before attending group.

**Payments are Due the First of Each Calendar Month:** Follman Agency gives a 20-day grace period. If payment is not received by the 20th, your treatment program will be suspended and we request you to not attend your group/session until payment is received. Your account will be charged a **\$25.00** fee for the Suspension Letter. Drug Screen charges will be due at time of service. We accept MasterCard, Visa, Discover, and American Express. Accounts more than 90 days past due will be forwarded to SB&C for collections and your account will be charged a **\$40.00** fee for the collection letter.

## Regarding Insurance

The balance is your responsibility whether your insurance company pays or not. We cannot bill your insurance company unless you give us your insurance information and a copy of a recent insurance card. Your insurance is a contract between you and your insurance company. We are not a party to that contract. In the event we do accept assignment of benefits we require that you be pre-approved on our extended payment plan. Please be aware that some, and perhaps all, of the services provided may be noncovered services.

Regarding Insurance Plans where we are a participating Provider, all deductibles are due prior to treatment. All copays are to be paid according to your payment plan. In the event your insurance coverage changes to a plan where we are not participating Providers, refer to the above paragraph.

## Usual and Customary Rates

Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

## Adult Patients and Minor Patients

**Adult patients** are responsible for full payment at time of service. **Minor Patients:** The adult accompanying a minor and the parents (or guardians of the minor) are responsible for full payment. For unaccompanied minors, non-emergency treatment will be denied unless charges have been preauthorized to an approved credit plan, credit card, or payment by cash at the time of service.

## Missed Appointments/No Show

Unless canceled at least 24 hours in advance, our policy is to charge **\$40.00** for missed appointments. Please help us serve you better by keeping your scheduled appointments. Follman Agency reserves the right to not treat a patient after the patient has missed three scheduled appointments. For new patients who miss their evaluation or intake appointment without 24-hour cancellation notice will be required to prepay the missed appointment fee before scheduling any future appointment.

## Interest

We reserve the right to charge interest in the amount of 5% as provided by state law.

## Non-Compliance

In the event you leave treatment without paying and wish to re-start, you are subject to a \$50.00 restart fee. Please note that failure to pay will result in non-compliance of your treatment program.

Thank you for understanding our Financial Policy. Please let us know if you have questions or concerns.

I have read the Financial Policy. I understand and agree to the Financial Policy.

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Name of Patient

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Signature of Patient

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Date

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Name of Parent/Guardian

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Signature of Parent/Guardian

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Date