



NOTIFICATION OF PATIENT FINANCIAL RESPONSIBILITY

As a courtesy, Achieve has contacted your insurance company to obtain a quote of your benefits. Please note that we cannot guarantee the verbal quotes we receive and benefits quoted to us are NOT a guarantee of payment. Your plan may be subject to other plan limitations or exclusions.

Your insurance company requires Achieve to collect your co-payment or unmet deductible amount at the time of service or we could be in violation of our contract with your insurance company and risk not being reimbursed for your treatment process. We will collect the estimated quote that was provided to us from your insurance company. We will notify you of any changes in the payment due when we receive your claims back from insurance.

We will bill your insurance company for their portion of the bill. If for any reason insurance denies paying any claims you will be held financially responsible for full payment. Evaluations are \$200 and all treatment rates are \$112.50.

Please be sure to inform us as soon as possible of any insurance changes as this may affect the amount we collect.

We are required to collect payment prior to the start of each treatment session. It is our policy that payment is due at time of service. Our office staff can accept payment from you with check, cash or credit card. Please note that the evaluation is a one-time charge that covers information gathering, formal testing, and a formal written report of results/recommendations. Each visit after the initial session will be billed as a therapy treatment. The needs of each child are unique making it difficult to estimate how long formal testing will take with your child. If your child's evaluation testing is not completed at your initial session, it will be completed during your first treatment session. In this case, we are still required to charge the treatment rate starting at the second visit. Also, based on the individual needs of children, a re-evaluation may be necessary every 6-12 months. Re-evaluations may increase the charge for one visit.

Your insurance policy may have visit limits on the amount of therapy they cover per year. We strongly recommend that you verify your limits and keep track of your child's therapy visits.

Any visits that occur outside of your policy limit will be billed to you at our full out-of-pocket rate. Please verify that you understand your financial responsibility by signing and dating this form and let us know if we can assist you in any other way. Thank you.

Patient Name (Printed)

Date

Patient/Guardian Signature

Date