



Children are not things to be molded BUT PEOPLE TO BE UNFOLDED

FINANCIAL POLICY

Patient Name: _____ **Date of Birth:** _____

Thank you for choosing Effective Intervention Services for your child's therapeutic needs.

Insurance Benefits:

It is not the responsibility of Effective Intervention Services, to quote your quote your insurance benefits. It is your responsibility to know your benefits. Effective Intervention Services, does contact your insurance company for a quote of benefits but this is not a guarantee of payment or coverage. We are not party to your contract or changes within that contract. We will not become involved in disputes between you and your insurance company regarding deductibles, copayments, and covered charges.

Filing Insurance:

As a courtesy, Effective Intervention Services will file a claim to your primary insurance carrier on your behalf. However, you are ultimately responsible for payment of your bill. As stated earlier, your insurance policy is a contract between you and your insurance company. EIS, will call any unpaid claim(s) at least every 30 days. The family should call at least monthly to be sure claims are received and being processed. After 60 days, EIS will inform patients of unpaid claims . After 90 days without payment, the family will be responsible to begin paying on their account balance and private pay future appointments in order to remain on the treatment schedule. If a claim has been denied and is going through the appeals process, the family must begin paying on the balance and private paying new treatment sessions. As the client, you agree that if you default on any balance owed to EIS and it becomes necessary for EIS, to engage the services of an attorney, collection agency or other lawful of collection, you, the client, will pay the original Balance owed and reimburse EIS for all costs incurred by the collection of said debt.

Copays, deductibles and coinsurance:

All copays are due at the time services are rendered. If your policy has a deductible, that has not been met, we collect \$50.00 payment at each appointment until the first Explanation of Benefits (EOB) is received for your insurance company. Any balance

they have left for that date, you will have to pay at your next appointment. Any deductible and/or coinsurance amount is due upon receipt of the EOB in our office, at your appointment. For your convenience, we accept most major credit cards in the office and over the phone. We can also keep your credit card on file.

I give my consent to any appropriate and medically necessary procedures, medication, services or therapies that would be included in the treatment as required by the primary care physician or supervised staff for the above named person. I understand and acknowledge that I am financially responsible for all charges incurred during treatment at EIS, whether or not paid by insurance, rendered for the above named person.

The adult accompanying the patient is responsible for payment, for that day. We do not get involved in custody or other financial arrangements between parents. We will provide a receipt, if needed, so you can collect from another party.

Parent/Guardian Signature _____

Print Name _____

Date _____