

ADVANCED BEHAVIORAL CENTERS OF DUPAGE FINANCIAL POLICY

It is required that all clients read and sign the Financial Policy Form. By signing the policy you are agreeing to the terms and conditions set out in it.

For your information please note that:

- FULL PAYMENT IS DUE AT TIME OF SERVICE WHEN NOT UTILIZING INSURANCE.
- Our fees are based on the treatment of a patient and not on the outcome.
- We reserve the right to stop treatment for non-payment.

For those of you who will be utilizing Insurance:

We accept assignment of insurance benefits for our providers who are in your insurance network plan. However, confirmation of benefits is not a guarantee of payment. In the event that your insurance Company denies your claim for payment, you are responsible for payment in full.

You are responsible for:

- Deductibles, co-insurances, copayments at time of service and any services not covered by your insurance.
- As a courtesy, our office will obtain benefits and Eligibility from your insurance company. However, you are responsible to obtain your own benefits and authorization, when required, prior to treatment. If you fail to obtain authorization you may be responsible for the full fee.
- Notifying our office if your insurance coverage changes. If you fail to do so, you will be responsible for any charges that your insurance company denies.

Minors

- The adult accompanying a minor is responsible for full payment at the time of service.
- Full payment must be sent with an unaccompanied minor.

Additional Charges

- There will be a \$40.00 charge for bounced checks.
- There will be a \$10.00 additional fee for copayments not paid at time of service.

Missed Appointments:

Our office requires that you give us a full 24 hour notice for cancellation!

- Missed appointments with no call, no show will be assessed a \$60.00 fee, not billable to Insurance.
- Late cancellations (Less than 24 hours), there will be a \$30.00 fee, not billable to insurance.

Please Note: (Monday's appointments must be canceled by Saturday at 4PM). Cancellations must be made during office hours of operation only.

By signing this form I affirm that I have read the Financial Policy, and understand and agree to honor the terms of this Financial Policy:

Sign: _____ Date: _____

Signature of Client or Responsible Party

Witness: (Staff for ABC DuPage): _____ Date: _____