**Consumer Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DOB**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Financial Agreement**

* I consent to have my Judson Center bill the insurance I have provided. This consent will remain in effect until revoked by me in writing. Judson Center will submit claims to your insurance company as a courtesy service to you. It is your responsibility to know what services your insurance plan covers. Any questions regarding the payment or non-payment of claims should be directed to your insurance company.

* I understand that It is my responsibility to provide Judson Center with the most up to date copy of my insurance card at the time of visit and communicate any insurance changes to Judson Center as soon as possible.
* All co-payments, deductibles, and non-covered services must be paid in full at the time of service. We accept cash, checks and credit cards (Visa, Mastercard, Discover, American Express) as well as most H.S.A. plans.

* A copay, or copayment is a flat amount assigned by your insurance company that is designated as a patient responsibility, and is charged to your account when the claims have been fully processed and payment has been received by the Judson Center.
* A Deductible is the set amount that your insurance plan has set that you must pay out of pocket before the insurance will reimburse for services. The deductible is charged to your account when the claims have been fully processed and your insurance company provides the claim information back to us.
* A co-insurance is the patient percentage that you are responsible per service. This figure is always a percentage of the insurance plans allowed amount. This co-insurance will apply to each individual service provided on the same day. Co-insurance amounts will be added to your client account as of the day we receive the payment information from your insurance company.
* Please note that we bill the insurances weekly. It may take the insurance companies several weeks to remit payment on claims. Charges to your account may be delayed as a result of the insurance company reviewing claims. Claims will not appear on the statement by date of service, but will appear by the dates that they have been submitted and remitted.

* We have an online payment portal for the convenience of making regular payments. This portal can be used to establish recurring payments for services. We encourage all of our clients to use this portal. The link to this portal is <https://www.payerexpress.com/ebp/JudsonCenter/>
* Statements will be sent to the responsible party who has signed this agreement treatment monthly. Our relationship is with you and we cannot make determinations of financial responsibility between multiple parties.
* If you are experiencing financial difficulties, please contact the Billing Department at

248-837-2070 to discuss payment arrangements.

* It is important that you complete any insurance forms requesting information from you such as your coordination of benefits. If claims are denied by your insurance company for non-response, you will be responsible for payment.
* Medicaid clients may be referred to their County of residence in order to have the County CMH reimburse the deductibles, copays, and co-insurance. If you Medicaid coverage terminates, you will be responsible for all deductibles, copays, and co-insurance.
* Autism-Late arrivals and Late pickups can cause treatment disruptions; therefore, charges may be assessed and payments will be due for those as they occur.

Please be advised that during your first visit to our office in each calendar year we will obtain a new signed financial agreement from each client. We sincerely appreciate your cooperation and are happy to assist you in any way we can.

I have read, understand, and accept the above statements.

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**Responsible Party (Print):**

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**Responsible Party Signature: Date**