



Financial Policy

Be sure to read these policies carefully – they will impact your time at ABG. After you have read it, sign this form and bring a copy to your first appointment. Please save a copy of the form in your folder for reference.

WELCOME

We're grateful that you have chosen us at ABG Therapy & Wellness Center LLC to provide services for yourself or your family member. Our staff looks forward to providing you with a therapy experience that is effective, efficient, and fun! In order to avoid any misunderstandings, it is important that you understand the financial responsibilities related to your treatment.

Our billing is managed by Gordon Gilstrap (970.619.8193). We encourage you to communicate directly with him if you experience any difficulties or have any concerns regarding your account. He can also be reached at Gordon@abgtherapy.net. If you have any remaining concerns after talking to Gordon, please contact Mary Nel (Owner and Managing Director) at 970.663.3222 or info@abgtherapy.net.

Deductibles, co-payments, and self-pay fees are due at the time of service. We accept cash, check, Visa and Mastercard. For your convenience, we can also keep credit card information on file for you and bill your account accordingly. When statements are needed, they will be e-mailed to you and can be easily paid online following the included directions. You may also request paper statements at a charge of \$2 per statement.

MEDICAL INSURANCE

In-network: ABG therapy is a participating provider of many health insurance programs. As a courtesy, we will submit your claims to your insurance company when we are contracted with them. However, ultimately, it is your responsibility to know what your insurance covers ***and the balance of your account remains your responsibility.*** It is imperative that ABG has a current copy of your insurance card(s) so that the claim can be correctly submitted.

Out-of-network: For health insurance plans that we are not contracted with, you will be responsible for payment at the time of service and we will give you a Superbill that you can submit to your plan for reimbursement. Please understand that for these policies, it is your responsibility to know the following:

1. Do you have out-of-network benefits?
2. What is your out-of-network deductible?
3. What is your out-of-network co-payment or co-insurance?
4. Do you need a preauthorization for treatment?
5. Is there a limitation on visit numbers?

Some of this information may be available to you in your health plan manual, but we strongly suggest that you call your insurance company to confirm. Also, note the time, date, and reference number for any conversations you might have with your insurance company. Please see the included form – "Questions you should ask your insurance company..."- for more information.

Each insurance plan has different requirements for therapy benefits and these will impact the cost of therapy to you. **Be sure to notify us immediately if your insurance changes.** You will be responsible for any portion of your bill that your new insurance does not cover for any reason.

SECONDARY INSURANCE

Having more than one insurance does not necessarily mean that your services will be completely covered. Sometimes, a second insurance makes payment more difficult. When conflicts between health plans arise, it is your responsibility to resolve them. If there is a problem, we will request payment directly from you – at the time of service - for services provided. We will give you a Superbill that you can submit to your insurance(s) and we will refund to you any duplicate payments that we may ultimately receive from your health plan.

DEDUCTIBLES, CO-PAYMENTS, CO-INSURANCE, AND PRIVATE PAY

These payments are always the responsibility of the client and are due at the time of service. If payment is not received at the time of service for whatever reason, you will be sent a statement

MISSED APPOINTMENTS

A fee of \$30 will be billed to you for every missed appointment that is not canceled at least 4 hours in advance.

APPEALS

If your health plan denies payment, you have the right to appeal following the process outlined in your contract. However, in the meantime, payment is your responsibility. Once your appeal is decided on, ABG will refund the amount of any overpayment to you as soon as it is received.

PAST DUE/DELINQUENT ACCOUNTS

Payments for any outstanding balances are due within 30 days of your statement date. Any balances over 30 days past due will be assessed an interest fee of 10%. Past-due balances will be assessed a monthly interest fee of 10%. To avoid this, you must pay any outstanding balance in full every month. We accept cash, checks, and credit cards. There is a \$35 fee for returned checks. If needed, we are happy to work with you to arrange a payment plan so that the client can receive the needed services.

After 45 days of non-payment on a past-due account, ABG Therapy may discontinue services unless a payment plan has been arranged and acted upon.

After 90 days of non-payment, further action will be taken to collect the balance.

After reading the above information, please digitally sign the statements below. If you have any questions, please talk to Heather Michaud (Front Desk Manager) or Mary Nel (Owner and Managing Director). Thank you.

I have read and agree to abide by the above policies.

Client name: _____

Name of responsible party: _____

Signature of responsible party: _____

Date of signature: _____