

First Step Behavioral Services, LLC

Financial Policy

To reduce confusion and misunderstanding between our patients and practice, the following financial policies have been adopted. If you have any questions regarding these policies, please discuss the with the provider. First Step Behavioral Services (FSBS) is dedicated to providing the best possible care and service to you and regard your complete understanding of your financial responsibilities as an essential element of your care and treatment.

Full payment is due at the time of service unless your health insurance carrier has made prior arrangements. For your convenience we accept cash, checks or credit cards (i.e.; VISA / Mastercard)

Your Insurance

- We have made prior arrangements with many insurers and health plans to accept an assignment of benefits. This means that we will bill those plans for which we have an agreement and will only require you to pay the authorized copayment at the time of service. This office's policy is to collect this copayment when you arrive for your appointment.
- If your insurance requires a referral it is your responsibility to provide the referral to our office prior to seeing the provider. If unable to provide the referral prior to the visit payment in full will be required at the time of the visit.
- If you have insurance coverage with a plan for which we do not have a prior agreement, we will prepare and send the claim for you on an unassigned basis. This means that your insurer will send the payment directly to you. Consequently, the charges for your care and treatment are due at the time of the service.
- In the event that your health plan determines a service to be "not covered," you will be responsible for the complete charge. Payment is due upon receipt of a statement from our office.
- We will bill your health plan for all services provided. Any balance due is your responsibility and is due upon receipt of a statement from our office.
- FSBS charges a \$30.00 fee for failure to cancel your appointment within 24 hours of your scheduled appointment time.
- FSBS charges a \$30 fee for returned payments

Client Name:

Responsible Party:

Relation to Client:

Signature:

Date: