



Reinforcement Unlimited, LLC

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PAYMENT POLICY

Our office strives to offer the highest quality of care. Never will your care be contingent on your insurance coverage. "Insurance is a method of payment, not a method of treatment."

Considerable care has been taken to determine our fees. We want to assure you that our charges accurately reflect the complexity of care rendered and the skill and expertise required for your care. Our fees are comparable to those of other highly qualified specialists. Whether you have purchased insurance on your own or your employer has provided it to you, you are fortunate to have it and we will go the extra mile to help you maximize your benefits provided by your specific plan. As a courtesy to you, we will file with those plans to which we have been admitted as a provider and when requested and we have not been admitted as a provider will complete the standard CMS1500 claim form for you to seek reimbursement through your insurer. No major insurer that we know of in Georgia, other than TriCare (ECHO) and certain United Healthcare policies, covers ABA therapy, including Medicaid. When a service is covered, your insurance company usually only pays a percentage of the fee, and this varies from carrier to carrier and plan to plan. Your insurance is not designed to pay the entire cost of treatment, but it is intended to help cover a certain portion of the cost. A better term for insurance may be "rebate". We do not know what, if anything, will be reimbursed by your insurance carrier.

Please remember, however, the financial obligation for our services is between you and this office, and is NOT between this office and the insurance company.

Payment to our office is not contingent, nor dependent upon your insurance company. All account balances must be satisfied within 60 days of the date services were billed, after that time a rebilling fee of \$10.00 may be charged to your account. If you have any questions regarding our financial policy, please do not hesitate to discuss them with us. For your convenience, we accept MasterCard, Visa, American Express, Discover, Cash, and Checks.

I understand and agree that I am responsible for the payment of all charges incurred regardless of any insurance coverage or other plans available to me. Additionally, I understand and agree to pay any and all collections costs and/or attorney's fees if any delinquent balance is placed with an agency or attorney for collection, suit, or legal action. I also acknowledge that confidentiality is waived in matters involving collections and the sharing of information sufficient to pursue recovery of debts owed.

Signature

Date

Printed Name

Soc. Security#/DL#