



### **Fee Agreement and Payment Policy**

Our agency strives to offer the highest quality of ABA services to you and your family. Considerable care has been taken to ensure our fees and our rates accurately reflect the complexity of our services, the skills, and expertise of staff required for your child's care. Our fees are comparable to those of other highly qualified specialists.

**PRE-AUTHORIZATION:** If pre-authorization for Applied Behavior Analysis is required through your insurance company for either in-network or out-of-network services, we will work with your insurance company to get pre-authorization. Please be advised, you may need to participate in the process.

**IN-NETWORK:** Intentional Interventions **DOES NOT** provide out of network services. Intentional Interventions must be in-network with your current insurance company to provide ABA services.

**OUT OF POCKET:** I/We agree to pay all co-pays and deductibles, and co-insurances that may not be paid by my insurer as part of patient responsibility. I/We acknowledge that failure to pay these fees could result in service interruption. I agree to **NOT HOLD** Intentional Interventions liable for any regression that may occur, as a result of suspended services. To set up payment plan, schedules, and other agreements, please contact our billing department.

**COORDINATION OF BENEFITS:** It is the responsibility of the client to ensure they complete coordination of benefits with their insurance. This is typically required on an annual basis. It is the responsibility of the client to inform Intentional Interventions of all insurance plans that they may be covered under. Failure to provide correct and complete information may result in claim being denied, which will result in a suspension of services.

**LATE FEES AND COLLECTIONS:** I/we understand and agree to pay any and all collection costs and/or attorney fees if any delinquent balance is placed with an agency or attorney for collection, suit, or legal action. I/We also acknowledge that confidentiality is waived in matters involving collections and the sharing of information sufficient to pursue recovery of debts owed. Also, if your check is returned by the bank you will be billed a \$35.00 returned check fee and alternative arrangements will have to be made to satisfy your obligation. For your convenience, we accept Pay-Pal, cash, and checks.

**CANCELLATION POLICY:** At Intentional Interventions, LLC , we understand that emergencies and illnesses arise which may cause a session to be cancelled. However, you must notify us at least **3 HOURS** in advance of any cancellation. If notification is not made at least 3 hours in advance or client is not available at the time of arrival and there is not an emergency, you will be billed a cancellation fee equal to the amount of your financial responsibility for the regular scheduled session, **which will not be reimbursable through insurance**. In addition, if a client arrives late to a scheduled appointment, the client

will be billed the rate of the full appointment and the wait time will not be charged to insurance and you are responsible for the payment of the time staff were waiting to render services. **Repeated failures to attend scheduled sessions or arrive to scheduled sessions may result in termination of services.**

If you have any questions regarding our Fee Agreement and Payment Policy, please do not hesitate to discuss it with us by contacting Intentional Interventions, LLC. If you have any questions or concerns regarding billing and insurance, please contact our billing specialist, 609-380-1122 or email [biller@intentionalinterventions.com](mailto:biller@intentionalinterventions.com).

I/We have carefully read and agree to this Fee Agreement and Payment Policy. I/We agree to abide by these terms outlined in this document.

Parent/Guardian #1: \_\_\_\_\_  
(Print Name)

Parent/Guardian #1: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(Signature)

Parent/Guardian #2: \_\_\_\_\_  
(Print Name)

Parent/Guardian #2: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(Signature)