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Payment Authorization

Our top priority is to provide you with the most effective and efficient services. Our automated payment program is designed to make your experience with us as convenient as possible. It streamlines the billing process, eliminates monthly statements, and ensures the security of your payment information using key-encrypted storage. This system also gives you the flexibility to choose another payment method at the time of service, providing you with peace of mind. Charges to your bank account or credit card will be determined as follows:

Copays / Coinsurance / Deductibles / Self-Pay Charges - All fees are due at the time of service per your contract with your insurance company; self-pay charges are also due at the time of service. If an account balance remains after your insurance company has processed your claim (typically within 7-28 days from the date of service), the method of payment designated below will be automatically charged; we will attempt to contact you before charging a balance greater than \$200.

Late Cancellation or No-Show Charges - We understand that your time is valuable, and we strive to respect the time of our providers and other clients. Therefore, these charges are generated only if you fail to show up for a scheduled appointment, or if you do not give adequate notice (two or more business days) for canceling an appointment. We believe this policy is fair to all parties involved. A \$95 charge will be assessed for each late cancellation or no-show. If you incur such a charge, your authorized method of payment will be charged. Please note that cancellation and no show charges are not eligible for HSA reimbursement and they are not eligible for insurance processing or reimbursement.

Late Cancellation or No-Show Charges for Psychological Testing - Testing consultation and administration services require a significant period to be reserved for you. We need the intake session, in-person testing appointments, and feedback sessions to be paid via advance deposit. If you cannot keep an appointment, you must notify your clinician at least two business days in advance. You will be financially responsible for the time reserved if such advance notice is not received. For intake sessions and feedback sessions (1 hour), the late cancellation/missed appointments charge is \$95. As psychological and educational testing requires more extensive blocks of time to be reserved, the late cancellation and missed appointment charges are as follows: Academic Screener - \$150; General Psychological Evaluation - \$250; ADHD Evaluation - \$250; Psychoeducational - \$500.

Insurance - Your health benefit plan is an arrangement between you, the enrollee, the insurance company, HMO, or your employer. **While we will be helpful and may participate in the plan, your health benefit plan determines your coverage, and any requirements for prior authorization or referral establish the limit on your coverage for mental health services.** We cannot know the benefits and exclusions of each client's policy. You are responsible for knowing and understanding your coverage and benefits, including deductibles, co-payments, or coinsurance. Even when Focus Forward verifies such eligibility and benefits, your insurance plan will not guarantee its accuracy. It is also your responsibility to know if your insurance has rules or regulations requiring referrals from primary care physicians, pre-certification, limits on outpatient charges, or specific physicians or clinics to use. By signing below, you agree to accept full responsibility for co-payments, deductibles, and other services provided to you that are not explicitly covered by your insurance plan or denied due to the absence of authorizations/referrals you are obligated to obtain under your insurance plan.

Non-covered and Denied Charges - A non-covered service is any service that your insurance carrier denies due to benefit descriptions or limitations, policy exclusions, or pre-existing waiting periods. They are denied because they

fail to meet the insurer's standards of medical necessity. For example, relationship issues such as couples or marriage counseling are often denied because they are not always considered by insurers medically necessary. Clients will be responsible for denied services.

Updating Information - Please be sure we have the most current demographic and insurance information at all times. It is your responsibility to provide us with this information. The information you provide us must match the information you provide the insurance carrier. Filing insurance claims with the wrong information delays processing and may increase the client's financial responsibility. Please note that if you fail to provide us with correct insurance information, we will not re-file a claim to the correct insurance after 30 days and the balance will become your financial responsibility. This means that you may have to pay the full amount of the service if your insurance does not cover it due to incorrect or outdated information.

Method of Payment - We would greatly appreciate your choice of our ACH Option. This process will debit charges from your checking account and helps to keep the cost of healthcare down by reducing transaction fees. By choosing this option, you can save on transaction fees and contribute to the overall reduction of healthcare costs. If ACH is not viable please choose our credit card option.

ACH Option - Checking Account

Bank/Credit Union Name _____

9 digit Routing Number _____ Account Number _____

Credit Card Option

Account Number _____ Exp. Date: ____/____ HSA/FSA/HRA Card

If the above credit card number is from an HSA/FSA/HRA account please also furnish a backup credit card. This card will only be charged if the above card is declined.

Backup CC Account Number _____ Exp. Date: ____/____

Card/Account Holder Name _____

Billing Address _____ City, State, Zip _____

We take the security of your personal information seriously and reserve the right to use a collection agency to collect outstanding debts and the right to terminate services. Reasonable collection or attorney fees may be incurred for the collection of unpaid balances. Should a balance be placed in collections you will be responsible for collection fees. In the event collection services are utilized, the protection of private information is not guaranteed.

By signing below, I authorize Focus Forward Counseling and Consulting, Inc. to charge the payment method indicated in this authorization form. I certify that I am an authorized user of the bank account or credit card and that I will not dispute the payment with my credit card company or banking institution so long as the transaction corresponds to what has been indicated in this form.

Client Name (printed) _____

Signature _____ Date _____

Please check this box if you would like all your previously accrued balances prior to today's date charged to this same payment method.