



Financial Policy Information

- The choice of insurance plan coverage is often complex and benefits vary for everyone. Some individuals may choose not to use insurance or may have a policy/plan that SPS does not participate with; in those situations, the client is considered “self-pay.” SPS is currently an In-network provider with Medicare as well as the Horizon PPO and Traditional Plans.
- You should be aware that coverage for mental health services is not necessarily the same as for medical services, and that there may be restrictions on which type of mental health services are reimbursable. We recommend that clients inform themselves of all aspects of their insurance policy coverage, including deductible, copayment schedule, authorization/pre-certification requirements, and any service limitations.
- It is the responsibility of the patient to provide to SPS their current insurance information at the time of the initial appointment.
- Additionally, the client must notify us as soon as possible of **any** insurance policy changes. Even minor alterations in a policy can change reimbursement substantially. SPS cannot be held responsible for inaccurate billing if we are not informed of insurance changes. When appropriate, we will be happy to update our billing fees from the time of notice going forward.
- Any policies or services outside the scope of the contract or carrier approval are the responsibility of the client at non-contract rates. *(For example, Horizon EPO and HMO policies are outside the scope of our Horizon contract; insurance policies do not cover Equine Psychotherapy or school visits.)*
- Appointments canceled without 24 hour notice will be billed to the client at the full chargeable session fee. Cancellation charges cannot be billed to insurance.
- ***The client should assume that, regardless of their insurance status, they are ultimately responsible for any outstanding account balance for services rendered.*** Once treatment is terminated, all outstanding bills must be paid within 30 days.
- ***All payments are due at time of service.***

Out-of-Network Insurance

- If we do not have a contract with a client's insurance company, the client is responsible for payment at time of service, and for filing the claim with their insurance company. The client is also responsible for resolving problems with insurance coverage and claims.

In-Network Insurance

- If pre-authorization is required, it is up to the client to get the initial authorization or precertification, and be aware of the renewal process. We will do our best to renew current authorizations, provided that we have all accurate insurance coverage information; otherwise, the client will be responsible for the full chargeable session fee.
- All copayments and co-insurance payments are due at the time of service.
- All terms of a contract will be observed if we have the current policy information at the time of billing. This includes payment limits, billing, copayments and authorization. The contract may place limits on number of sessions and frequency. Client will be responsible for the full cost of the session for such limitations.
- Insurance companies may require disclosure of privileged information for treatment authorizations; use of any insurance coverage implies the policy owner’s permission for the release of information. Should this be requested, only the minimum information, as protected by NJ law, will be released.
- After three months, the unpaid insurance portion of your balance will roll over to your personal balance and you will need to advocate and resolve the problem with the insurance provider yourself. SPS will try to give you as much notice as possible when these problems occur.
- **If you do not inform us of your participation in a plan at the start of treatment or within 30 days of policy changes, non-contract conditions and rates apply.**

I have read the above and I fully understand the SPS Financial Policy terms. By signing below, I agree and accept full responsibility for payment of services rendered in good faith.

Client Name (printed)

Parent or Guardian

Signature

Date