

Insurance Authorization and Release

Child's Name _____ DOB _____

Insurance Company _____

Insurance ID# _____ Group# _____

Policy Holder's Name _____ Policy Holder DOB _____

Policy Holder's Employer _____ Relationship to Child _____

Secondary Insurance Company _____

Insurance ID# _____ Group# _____

Policy Holder's Name _____ Policy Holder DOB _____

Policy Holder's Employer _____ Relationship to Child _____

Financial Policy

In order to clarify issues regarding payment and billing, and to remain as efficient and cost effective as possible, we have established these policies regarding finance and credit at ABA Expressions.

1. Payment of the bill is the final responsibility of the client and his or her legal representative. We do bill insurance companies as a courtesy to our clients, but after reasonable attempts, usually a period of 90 days, the balance will become the client's responsibility.
2. If payment becomes an issue we reserve the right to require payment at the time of service.
3. We accept check, debit and major credit cards. We have a \$35 fee for returned checks. After the second returned check, we will require that payment be in the form of a credit card or a certified check.

Health care is expensive and a universal concern for many. Outstanding bills serve as a major factor in driving up costs. Please let us know if you need a payment plan to meet your obligations.

I have read the Financial Policy and understand it's implication regarding billing and payment of balance to ABA Expressions .

Initial _____

I hereby authorize ABA Expressions to release to my insurer, governmental agencies, or any other entity financially responsible for my child's care, all information, including diagnosis and the records of any treatment or examination rendered to my child needed to substantiate payment for such medical services as well as information required for precertification, authorization or referral to other medical providers.

I hereby authorize and direct payment of my medical benefits to ABA Expressions on my child's behalf for any services furnished to him/her by ABA Expressions.

(Parent/Legal Guardian Signature)