

FINANCIAL AGREEMENT AND PAYMENT AUTHORIZATION

Consumer Name: _____

Boundless is committed to providing comprehensive services to each of our consumers. In order to do this we access a variety of funding sources.

The responsible party agrees to pay for any and all unpaid balances at the time services are rendered. The following are available funding sources to pay for services rendered. Not all funders may be used for services rendered. This list is of available options.

1. Commercial Insurance Carriers:

Boundless will bill most insurance carriers if proper paperwork is provided. Any outstanding balance, co-payment or deductible is due based on the insurance carrier's requirements. If an insurance carrier has not paid within 60 days of billing, fees are due and payable in full from responsible parties. **Responsible parties are required to present a valid insurance card at the start of service and as needed throughout treatment.**

2. Medicaid: (Medicaid is always the last payer of resort)

Boundless is a Medicaid participating provider and will bill Medicaid accordingly for services rendered. Any outstanding balance, co-payment or deductible is due prior to an appointment. It is the responsibility of the responsible party to let Boundless know of all changes that affect the consumer's eligibility to receive Medicaid funded services which include, but are not limited to: loss of eligibility, family resources over limit, over-income requirement. **Responsible parties are required to present a valid Medicaid card at the start of service and as needed throughout treatment. Medicaid may include a monthly spend-down.**

3. Ohio Department of Education:

Boundless Center-based services utilize the Autism Scholarship Program scholarship in its entirety on an annual basis for all consumers. Boundless Outreach services utilize the ASP in its entirety or for a predetermined and agreed upon amount. Boundless will need a copy of the approval letter from the Ohio Department of Education (ODE) on an annual basis. It is the parent/guardian's responsibility to let Boundless know of all changes that may affect the consumer's scholarship fund, which include, but are not limited to: loss of scholarship, change of address, change of school district, or the addition of outside providers. If the above should occur and reduce available funds, it will be the parent/guardian's responsibility to pay the remaining balance for services rendered. It is required that parents/guardians sign each check monthly or authorize Boundless to endorse each check on your behalf.

4. Waiver: IO Waiver, Level 1,

The Boundless Adult Service program utilizes the IO waiver and Level 1 to pay for services rendered. Boundless may use any of the waivers in entirety on an annual basis or for a predetermined and agree upon amount. Extended Service is a limited center-based service. It is the consumer's or parent/guardian's responsibility to let Boundless know of all changes that may affect the consumer's waiver funding source, which include, but are not limited to: loss of waiver, change of address, addition of other waiver providers.

5. Rehabilitation Services Commission

The Rehabilitation Services Commission funding source can only be utilized for the Adult program and through the referral from the Rehabilitation Services Commission.

6. Private Pay: Method of Payment:

1. Cash
2. Major Credit Cards (Visa/MasterCard)
3. Personal checks (made payable to Boundless)
4. Financing options for consumers who are credit worthy

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7. Outstanding Balances:

Boundless is committed to continuing care of services, however if an outstanding balance exceeds \$500.00, Boundless reserves the right to not schedule future appointments until the balance is below \$500.00. Boundless will work with individual parties for payment plans and strategies to help reduce your balance to assist in your continuation of treatment.

For returned checks a \$35 NSF charge is applied to balance owed. If not paid according to terms, the responsible party understands that Boundless reports to an outside collection agency. In the event that an account is turned over for collection, responsible party agrees to pay all additional fees assessed in the collection of the debt. These fees may include collection agency fees and attorney fees. The responsible party is ultimately responsible for all fees for service.

Please provide a copy of all insurance cards at each visit. If information is not available, payment is required in full. I authorize the release of any information concerning my health care, advised, and treatment provided for the purpose of evaluating and administering claims for insurance benefits. I authorize payment of insurance benefits otherwise payable to me, directly go to Boundless. I understand that my insurance may pay less than the actual bill for service or deem the service non-covered. I agree to be responsible for the payment of all services rendered on my behalf. I understand I am responsible for obtaining any referral authorization(s) that my insurance carrier requires. Failure to obtain necessary authorization(s) may result in non-payment of services by insurance carrier, making me responsible for all charges.

Payment Authorization

1. I authorize use of this form on all my insurance submission.
2. I authorize the release of information to my insurance company(s).
3. I authorize direct payment to my service provider.
4. I hereby permit a copy of my insurance card(s) to be used in place of the original.
5. I have supplied Boundless with a copy of my current insurance card(s).
6. I will update any changes in insurance information and address/phone number.
7. I understand any service that are provided from SBS that are not covered by ANY insurance will be billed directly to the consumer.
8. I understand that the copay is due at the time of service.

I have read, understood and agree to the above financial policy for payment of professional fees.

Consumer Signature

Date

Parent/Guardian Signature (if applicable)

Date

Parent/Guardian Signature (if applicable)

Date