



Austin Child Guidance Center
Payment Agreement

Client Name: _____ Name of Person(s) Accepting
Financial Responsibility: _____

Client Payments

Payment due is expected at time of check-in. Due to the complexity of services provided and insurance plans, at the time of service we are only able to provide an estimate of what you may owe. If we find we have not collected enough from you, you will be billed for the difference. If we find we have over-collected from you, we will refund you within 30 days from when we discover the error. Austin Child Guidance Center offers payment plans with a credit card on file.

Late Arrivals, Late Cancellations, and No-Shows

In order to be effective, therapy must take place regularly. A \$10 fee will apply to all late cancellations and no-shows. If you arrive more than 15 minutes past the time you are scheduled to see the clinician, your appointment will be cancelled and the fee will apply. To avoid the fee, please cancel by close of business the day before your appointment. The only exception to this requirement is if the child or parent is ill or contagious. These fees must be paid, or payment arrangements made, before services can resume. Failure to keep appointments may also result in termination of treatment.

Insurance

Insured clients must provide the center with valid insurance information at or before the time of service. If the clinician you see is contracted with your insurance, we will file relevant claims on your behalf. By providing your insurance information, you are authorizing and assigning payment to Austin Child Guidance Center from your insurance company for all billed services. Insurance may not cover the full amount, or any amount, of the services received. You are responsible for understanding the limitations of your insurance plan and paying any remaining balance according to your plan benefits.

Release of Information

By utilizing insurance, clients authorize the release of treatment information and records to the insurance company for payment purposes, including records related to mental health and/or substance abuse. Clients may opt to pay out-of-pocket to prevent records from being sent to insurance. If you have insurance and your clinician is contracted with your plan, but you decide to pay out-of-pocket for privacy reasons, you are not eligible for the sliding scale.

Non-covered services

Child and adolescent groups, parent groups, workshops, and walk-in therapy are not covered by insurance. Some plans do not cover extended-length or crisis visits, and not all diagnoses are covered by all plans. You agree to pay for these services out of pocket.

Coverage changes

Clients are responsible for notifying the center of any changes to their insurance. If you lose insurance coverage, you will be responsible for paying for services received.

Out-of-network

If the clinician you are seeing is not contracted with your insurance, you will be self-pay. To utilize out-of-network benefits, you must pay the full fee then submit claims to your insurance plan. Clients who would like to use sliding scale may sign a waiver agreeing not to submit claims to your insurance plan for out-of-network reimbursement.

Self-pay

Self-pay is available to clients in the situations listed below.

- Client does not have insurance. These clients are eligible for sliding scale.
- Client has insurance, but their clinician is out-of-network. **Important:** See Out-of-Network section above.
- Client is receiving non-covered services by insurance.

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- Client has insurance but would prefer to pay out of pocket for privacy reasons. **Important:** These clients are not eligible for sliding scale. See Release of Information section above.

Sliding scale

Austin Child Guidance Center offers a sliding scale to clients paying out-of-pocket for services listed above. Clients are required to provide their household size and income from any parent/guardian(s) living in that household, to qualify for the sliding scale. Clients are responsible for reporting changes in household income or size, and fees will be re-evaluated periodically.

Grants and other programs

Grant assistance is available in specific and limited circumstances. Clients will be informed if their services qualify for grant assistance. Clients will use insurance or be self-pay for all services not covered by grant assistance.

**I am responsible for payment to Austin Child Guidance Center for services rendered on behalf of named client.
I understand and agree to the above payment policies.**

Signature _____

Date _____