Florida Institute of Technology
The Scott Center for Autism Treatment

FINANCIAL AGREEMENT

The Scott Center for Autism Treatment is dedicated to providing the highest quality treatment, training and applied research to enhance the functioning and improve the quality of life for children with autism and related disabilities. The following statement explains our Financial Policy, which we ask you to read, sign and return to us prior to beginning treatment. New agreements will be distributed at the beginning of each calendar year.

Insurance: We participate with most major insurance plans. Please contact our office to find out about a specific insurance. We accept assignment benefits, but in all cases, we require the guarantor (person who is financially responsible) **to be personally liable for all balances not covered by insurance**. As a courtesy, we will bill your insurance carrier. It is your responsibility to understand and comply with any predetermination of benefits or referral requirements. Please be aware that some, and perhaps all, of the services provided may be non-covered services and may not be considered medically necessary under the Medicare Program or by other medical insurance companies.

Third Party: By signing this agreement, you agree to authorize The Scott Center for Autism Treatment and its third party agent, Bronco Billing, to obtain any or all medical records in order to process authorizations, eligibility checks, billing statements and medical claims. For more information about Bronco Billing, please call 888-512-3397.

Usual and Customary Rates: We are committed to providing the best treatment for our patients, and we charge what we believe to be reasonable and customary fees for our area and specialty. Unless we have a contractual agreement with your insurer, you will be responsible for any balance remaining after your insurer has paid their portion. Invoice statements will be compiled into one billing statement and sent monthly by our third party biller, Bronco Billing.

Past Due Accounts: Please be aware that we reserve the right to cancel any additional sessions should you accrue a balance equivalent to or greater than $1,000 after 30 days. In addition, accounts must be current before the beginning of the next semester in order to continue services. You will be responsible to pay all reasonable collection costs and related charges, including attorney fees necessary for the collection of any amount not paid when due.

Cancellation & Late Policy: You may be charged a fee in the amount of $25 for any missed appointment not canceled 24 hours prior to the time of your appointment. If you are more than 10 minutes late for your scheduled appointment or session, you will be charged $10 per occurrence.

Co-Pay/Co-Insurance Balances: Payments for co-pays/co-insurance are expected at the time of service. If you are unable to pay your co-pay/co-insurance at the time of service, it will be added to your billing statement. Your insurance provider determines your co-pay/co-insurance.

Form of Payment: We accept payments for sessions by cash, check or credit card. Checks should be made payable to The Scott Center for Autism Treatment. If payments are given by credit card, we accept Discover, MasterCard, American Express, Visa and health care spending credit cards.

By signing below, I agree that I have read and understand the Financial Policy and agree to the terms and conditions outlined above.

Responsible Party: _____ _____ _____

Print Name | Signature | Date

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