



## ABC of NC

### Client Payment, Attendance, Discharge, and Referral Policies

1. **Payment policies for diagnostic, therapeutic, and ABA therapy services (Clinic Services)**
  - a. Payments are due in accordance with insurance policies and are billed on a fee-for-service basis.
  - b. Clients receiving testing, counseling, and other diagnostic or psychotherapy services must pay assigned copay at time of services.
  - c. ABA clients with a copay must pay their assigned copays bi-weekly. Copays are due by 5:00 PM for all services provided during that two-week period.
  - d. All clients with co-insurance will be invoiced monthly. Invoices must be paid in full by the date listed on the invoice.
  - e. Copays and coinsurance may be paid at the clinic reception desk Monday-Friday between 8:00 AM- 5:00 PM by credit or debit card. Additionally, those paying by check may place a check in the clinic payment box located in the clinic front lobby. Credit card payments are also accepted on our website: [www.abcofnc.org](http://www.abcofnc.org).
  - f. Payments are considered late if not received within 30 days from the date of the invoice.
  - g. Insurance Payments
    - i. It is important for clients to be informed consumers, who understand the specifications of their insurance policies (e.g. coverage, referral/authorization requirements, etc.). The client's health insurance policy is a contract between the client and her/his health insurance company or employer. It is the client's responsibility to know if their insurance policy has specific rules or regulations, such as the need for referrals, pre-certifications, pre-authorizations, and limits on outpatient charges regardless of whether or not our providers participate.
    - ii. Clients must present a current insurance card if a new card has been issued and/or if there are any changes to their coverage. As a courtesy to our clients, ABC of NC will bill your insurance company directly for behavioral health services rendered, provided we are credentialed with your insurance company for the specific service. If problems arise regarding coverage issues, we will attempt to work with the client's insurance company to help resolve them prior to making it the client's responsibility. However, clients are ultimately financially responsible for payment of behavioral health services rendered.
    - iii. If you do not present a current insurance card, you will be responsible for payment at the time of your visit. You will receive reimbursement from ABC of NC if your insurance pays the claim at a later date. If your insurance carrier is not one with which we participate, you are responsible for payment in full. Insurance plans and Medicaid consider some services to be "non-covered," in which case you are responsible for payment in full.
    - iv. If your insurance changes, please notify us before your next visit so we can ensure we have the most up to date and accurate information on file.

- v. According to NC Statute 58-3-225(b), insurers are required to pay a properly submitted claim within 30 days. You have a responsibility to provide copies of insurance cards to our office so a claim can be properly submitted. If your insurance company has not paid a claim on your behalf within 90 days, the balance will be transferred to your account and you will be responsible for payment. If we receive payment from your insurance provider at a later date, you will be reimbursed. If you are uncertain about your current health insurance policy benefits, you should contact your provider to learn the details about your benefits, out-of-pocket fees, and coverage limits.
- vi. ABC of NC contracts with many insurance plans. Before your appointment, please confirm that we are considered in-network and the services are covered under your plan. If we are considered out-of-network, you will be billed for the cost of care.
- vii. If we contact your insurance carrier regarding benefits or authorization on your behalf, we are not responsible for inaccurate information provided to us by your carrier. The information about your plan that we relay to you is in good faith. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim. Your insurance benefit is a contract between you and your insurance company; we are not party to that contract.
- viii. Clients who receive ABA therapy services will be responsible for signing an ABA Estimated Benefits and Coverage form; this form must be signed before services begin in order to confirm you have an understanding of your coverage and potential out-of-pocket costs. This form must be updated annually and any time your insurance coverage changes.

## **2. School/Tuition-Based Services Payment Policies (ABC of NC School)**

- a. Clients enrolled in tuition-based services receive parent/caregiver classes, team meetings, and quarterly home visits at no additional cost.
- b. A deposit in the amount of one-month's tuition is required in order to hold a client's slot (current fees are available on the ABC of NC website). This deposit will be kept on hand throughout the duration of service delivery to ensure that ABC of NC receives a 30-day notice of intent to discontinue services. The deposit, minus any outstanding balance for late-charges or other charges, will be returned to clients upon termination of services, provided that ABC of NC receives a 30-day written notice of intent to discontinue services. The deposit is forfeited if services are cancelled without a written 30-day notice.
- c. Tuition will be billed the first of the month and payment is due within 20 days of invoice.
- d. Tuition is non-refundable. No refunds will be issued for client absences, inclement weather days, or other occasions, nor can these days be made-up (with the exception of scheduled inclement weather make-up days).
- e. Late Pick-Up Charges: Clients will be assessed a fee if the client is picked up late from school. During final dismissal (i.e. 2:30 pm), due to heavy traffic in

the carpool line, late pick-up charges begin incurring at 2:40 pm and are charged at the following rates:

- a. \$10.00 (5-14) minutes late
  - b. \$50.00 (15-30) minutes late
  - c. \$100.00 (31 or more) minutes late
- f. Services, such as additional consultation, that are not covered by the tuition fees are charged in addition to the monthly tuition. These charges are billed in quarter-hour increments following the provision of services. Hourly service rates apply.

### **3. Returned Checks/Electronic Payments**

- a. Clients who have one check returned to ABC of NC will be requested to replace the returned check with cash, money order, or a cashier's check.
- b. A returned item service fee as allowed by North Carolina State Law (\$25) will be assessed on all funds returned.
- c. ABC of NC will maintain a list of clients who have returned checks/insufficient funds, which will include those who have had two or more returned items within a 12-month period.
- d. Clients who have two or more returned items within a 12-month period are required to submit only cash or certified payments for a minimum of 12 months after receiving the second returned items

### **4. Accounts Receivable Collections**

- a. When necessary, ABC of NC may utilize collections agencies, small claims courts, or litigation to attempt to collect a debt.
- b. Account balances must have a minimum debt of \$250.00 in order to be sent to a collections agency.

### **5. Attendance Policies**

- a. Regular attendance is an essential part of successful and effective therapy. Regular attendance can assist clients in reaching goals and maintaining gains in treatment.
- b. Clinic Attendance for ABA Therapy Services
  - a. Absences will be coded and late cancellation/no show fees charged (when payer allows) as follows:
    1. Planned absence, including tardies/early departures:
      - a) Client provides a 15-business day written notice to [scheduling@abcofnc.org](mailto:scheduling@abcofnc.org) – no charge
      - b) Client provides less than 15-business day notice - \$25 late cancellation/no show fee
    2. Unplanned absence/sick child
      - a) Client calls ABC of NC's scheduling department prior to 7:00 am on the day of the absence – no charge
      - b) Client calls ABC of NC's scheduling department after 7:00 am on the day of the absence - \$25 late cancellation/no show fee
    3. No show – Client does not arrive for services and doesn't notify the scheduling department - \$25 late cancellation/no show fee
  - b. Any late cancellation or no show fees are the responsibility of the client and will not be billed to any other payer. Payment of late cancellation/ no show fees must be paid by the date listed on the invoice where these charges are applied.

- c. Please note that clients who are dually enrolled in ABC of NC's school and ABA therapy services are still expected to be in attendance for ABA therapy sessions even when the school is closed for breaks or staff workdays.
- c. **Clinic Attendance for Diagnostic and Therapeutic Services**
  - a. Clients receiving outpatient counseling or diagnostic services must provide a minimum of 24-hours' notice when canceling or rescheduling an appointment. Clients should call the office as soon they know they need to cancel a visit. Appointments canceled with less than 24 hour notice may be charged up to \$25/hour fee.
  - b. Clients and families are expected to arrive 5-10 minutes before their scheduled appointment. A parent/guardian must remain with the client until the client is in the clinician's care. Clients receiving testing, counseling, and other diagnostic or psychotherapy services must have a parent/guardian remain in the clinic lobby throughout the duration of the service.
  - c. Clients who are more than **15** minutes late for an appointment may not be seen for session and/or may need to be rescheduled. Sessions that start late may not be billable to insurance.
- d. **School Attendance**
  - a. If a client will be absent for all or part of a day, the parent/guardian should notify the receptionist by phone as soon as possible to ensure that the scheduling coordinator can adjust the daily schedule. Parents/guardians should also notify the front office by phone if a client will be arriving late so that staff can remain productive throughout the day. As a courtesy, if a planned absence is changed, please provide at least 24 hours' notice to the front office so that the schedule can be readjusted to accommodate the client's attendance.
  - b. After 8 absences, the client's parent/guradian and program supervisor and will meet to address concerns about excessive absenteeism. After 12 absences, the client will receive a letter addressing concerns about excessive absenteeism. After 16 absences, the client will receive a second letter and meeting to address concerns about excessive absenteeism. Any absence beyond the 16<sup>th</sup> absence will require official documentation (e.g. doctor's note, etc.).
  - c. The accumulation of five (5) tardies or early dismissals will equate to one (1) absence.
  - d. ABC of NC reserves the right to refer families to another provider when there is chronic absenteeism.

## **6. Discharge and Referral Policies**

- a. **Discharge**
  - a. Active discharge planning is a component of each individual's treatment/education from the time of admission to discharge from outpatient therapy, ABA therapy, or educational services.
  - b. In the event the client, a family member, or a third-party caregiver is rude, uses disparaging or demeaning language, or sexually harasses office personnel or other patients, visitors, or vendors; exhibits violent or irrational behavior; makes threats of physical harm; or uses anger to jeopardize the safety and well-being of anyone present in the office, ABC of NC reserves the

- right to discharge the client immediately from all services.
- c. In the event the client, a family member, or a third-party caregiver wields a firearm or weapon on the premises, ABC of NC reserves the right to discharge the client immediately from all services.
  - d. For outpatient counseling services, when at least one of the following criteria is met:
    - 1. The client's level of functioning has improved with respect to the goals outlined in the treatment plan; or
    - 2. The client or legally responsible person no longer wishes to receive these services; or
    - 3. The client, based on presentation and failure to show improvement, despite modifications in the treatment plan, requires a more appropriate best practice or evidenced based treatment modality.
    - 4. The family and provider are not able to reconcile important issues in treatment planning and delivery, including lack of participation (e.g. client should attend at least 85% of scheduled sessions; client should have no more than 3 no shows).
  - e. For ABA therapy and educational services, when at least one of the following criteria is met:
    - 1. The client has achieved all of the treatment goals set out at the initiation of the service or the majority of them; or
    - 2. The client has mastered the skills on relevant assessments consistent with community standards of care; or
    - 3. The client no longer meets diagnostic criteria for Autism Spectrum Disorder (as measured by appropriate standardized protocols) or no longer is appropriate for the particular service type; or
    - 4. The client is in need of other services to address co-morbid diagnoses that may limit the efficacy of ABA service; or
    - 5. The client's clinical condition has become such that he or she requires a higher level or intensity of care; or
    - 6. The client does not demonstrate progress toward goals for two successive authorization periods; or
    - 7. The family/caregiver is interested in discontinuing services; or
    - 8. There is failure to provide payment for services; or
    - 9. The family and provider are not able to reconcile important issues in treatment planning and delivery, including lack of participation (client should attend at least 85% of scheduled sessions; client should have no more than 3 no shows).
  - f. Upon discharge

1. Caregivers meet with appropriate ABC of NC staff for review of treatment/educational recommendations, update discharge planning paperwork, and complete a discharge summary.
  2. A discharge summary must be placed in the client's file.
- b. Referrals
- a. When situations arise when in which a client may require referrals to other service providers and/or for other ABC of NC services, the appropriate ABC of NC staff member will make a written referral.
  - b. Client specific information will be shared with referral sources only with signed disclosure forms.
  - c. In the event a client is discharged or referred to other services, this does not exclude them from the ability to participate in services with ABC of NC in the future. However, returning to services at ABC of NC is contingent upon meeting admission criteria and pending program capacity.

*I have read and understand the ABC of NC Payment, Attendance, Discharge, and Referral Policies and agree to abide by these policies.*

\_\_\_\_\_  
Signature of client/responsible party

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of ABC of NC staff witness

\_\_\_\_\_  
Date