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Autism180 Payment Policy

I agree to pay Autism180 for all services rendered and agree to abide by the following guidelines:

Payment. I understand I will receive an invoice on a monthly basis for services rendered to me by Autism180 and are payable at presentment. Cash or credit will be accepted for all payments due on the date indicated on the invoice.

Funding sources. If my insurance carrier provides financial assistance for services, I understand I must pay the fees by the due date indicated on the invoice and allow the insurance carrier to reimburse me for the services unless a current authorization for insurance to cover the amount is on file. I also understand I am responsible for any copayment or coinsurance amounts due on the date indicated by invoice. I understand and agree that I am primarily responsible for the payment of Autism180 invoices regardless of whether my insurance carrier covers all or part of the insurance claim generated by Autism180.

Nonpayment. If my account is over 90 days past due, I will receive a letter stating that I have 20 days to pay my account in full. Partial payments will not be accepted unless otherwise negotiated. Please be aware that if a balance remains unpaid, we may refer your account to a collection agency.

Returned check/insufficient funds. I understand I will be charged a fee of \$35 for any returned checks.

Missed appointments. In the event of emergency situations, I must provide 24 hours notice to my primary contact person at Autism180 in order to cancel an appointment or I will personally be billed a \$75 missed session fee. In the event of an unexpected illness in which 24 hours notice cannot be made, I am required to provide at least 4 hours notice prior to the start of a scheduled appointment in order to prevent being billed the \$75 missed session fee. I understand that when a client arrives late to a scheduled appointment, the client is billed the rate of the full appointment. Repeated failures to attend scheduled sessions or frequently arriving late to scheduled sessions may result in a decrease in, or termination of services.

Errors and/or Disputes. I agree to review each Autism180 invoice upon receipt and to promptly bring any errors, disputes, and questions or concerns to the attention of Autism180. I understand and agree that my failure to bring errors and/or disputes to the attention of Autism180 within (20) days of the date of the invoice shall constitute a waiver thereof.