

## FINANCIAL RESPONSIBILITY AGREEMENT

Child and Family Agency of Southeastern CT, Inc. (CFA) is committed to making treatment a success! Payment is a part of that treatment process and makes it possible for us to continually treat families. Due to the multiple services we offer, payment varies based on those services(s) that are provided.

Please read carefully and agree to the following:

### *Financial Responsibilities*

- I agree to submit accurate financial information as requested, i.e. third-party coverage, Husky (Medicaid), Medicare, and household's gross weekly income minus taxes. I agree to provide the CFA with other documentation of income as necessary.
- I agree to provide CFA with a Husky or commercial insurance card upon the first visit.
- I agree to provide CFA with a signed major medical insurance form authorizing payment directly to the agency no later than the second visit and understand that I am responsible for any payment not met.
- I agree to pay the client fee at each visit, and if I miss one payment, I will remit payment at the next therapy session along with that session's fee. If two payments are missed in a row, I understand the client may be asked to reschedule any future appointment until payment is received. I understand if the client's account has three or more payments in arrears, service may be suspended until such time as the client's account is paid in full. If you are in a financial crisis, payment options are available, and our Billing Department is willing to work with you to resolve payment balances.
- I agree to notify CFA promptly of any change in my or the client's financial or insurance status which may/may not affect the fee.
- I understand that CFA has the right to request an update of my or the client's financial income information and to request validation of hardship before the client fee is reduced.
- I agree to pay the client responsibility after insurance makes payment on services. I understand this amount is subject to change based on deductible, copayment and/or coinsurance.
- We understand the financial hardship for many of our clients and, as such, have developed alternative payment systems for those clients.
- I understand I can contact the billing department and the client's clinician for questions and payment options. The billing department can be reached at (860) 437-4550.

### *For child outpatient services and in-home services*

- If the client is privately insured under a high deductible plan, then there will be a charge of \$150.00 upon Intake and \$120 per session thereafter until the deductible has been met. Once deductible is met, a co-pay will be assessed based on the client's insurance plan.
- If the client has Tri-Care, Cigna or Aetna and is assigned to an unlicensed clinician, there will be a \$50 fee.

- CFA offers fee reductions for those who are unable to pay the full fee at each session. Should you need a fee adjustment, please discuss this with the client's clinician.
- For those who are uninsured, we offer a sliding fee scale fee based on the total household income and the number of household members.\*

#### *School-Based Health Center*

- School-Based Health Center services do not charge out-of-pocket fees, including co-pays or deductibles. However, we do bill your or the client's insurance(s) and therefore it is crucial that we have all of this information upon first visit.

#### *Adult Outpatient Treatment Program*

- Adult Outpatient Treatment Program (AOT) is unable to adjust fees; the full cost agreed to at intake must be paid for each session.
- The AOT fee for Intake is \$150 and subsequent therapy sessions are \$120.

#### Financial responsibility acknowledgement\*

I have read and agree to the above applicable provisions. I understand that failure to comply with any of the above could result in services being terminated.