

Financial Policies and Procedures

- (1) As a courtesy to our clients, a staff member at Professional Treatment Services, LLC will verify the substance abuse and/or mental health benefits available through your private insurance carrier. Verification of benefits on our part in no way guarantees payment by your insurance company.
- (2) Staff at Professional Treatment Services, LLC will obtain any necessary precertification for services following but not including the client's initial appointment. If precertification for the client's initial appointment is required it is the client's responsibility to obtain that authorization and provide proof of that authorization to PTS staff.
- (3) Based on the benefits received from your insurance carrier a staff member at Professional Treatment Services, LLC will **estimate** the total out of pocket expense the client will be expected to pay for services rendered.
- (4) The client will be given a form titled "Notice of Financial Responsibility" reflecting the client's estimated out of pocket expense. The client will also be given documentation of their insurance benefit verification form.
- (5) Professional Treatment Services, LLC will submit claims to your insurance company on your behalf, sometimes directly and in some cases through the clearinghouse we employ, Gateway EDI.
- (6) The client is ultimately responsible for verifying substance abuse and/or mental health benefits with their insurance carrier, determining whether Professional Treatment Services, LLC is contracted or in-network with their insurance carrier and for paying all treatment expenses not covered by their insurance carrier. If the client determines that Professional Treatment Services, LLC is an out-of-network provider for their insurance carrier and the client would like to determine if their insurance carrier will make an exception for their participation in treatment services at PTS it is the client's sole responsibility to negotiate that exception with their insurance carrier.
- (7) Professional Treatment Services bills for services as they are rendered. A monthly statement will be sent to the client after PTS receives a response from your insurance.
- (8) Professional Treatment Services requires a **20%** down payment on all out of pocket expenses estimated to be above \$1000.00.
- (9) Failure to pay your balance and/or failure to make alternative arrangements with our staff may result in your account being turned over to our attorney for collections and may also result in you being discharged from services at PTS.
- (10) Your insurance company or other third party payor may be given information about the type(s), cost(s), dates and providers of any services or treatment you may receive. Payment from your third party payor will be made directly to Professional Treatment Services, LLC
- (11) All clients are directly and personally responsible for certain out of pocket expenses including but not limited to urinalysis drug screens, late cancellation charges and continuing care treatment charges regardless of funding source, including clients accessing funding from a third party payor such as SB 67, AAPS Block Grant, or SB 123.
- (12) Written reports including, but not limited to, evaluation results, and/or a reports on progress and attendance in treatment must be requested at least 7 calendar days prior the date the report is due. Clients failing to make a request for a written report without more than 7 days notice prior to the due date will be charged an out of pocket "convenience fee" of \$100.00 at the time that the request is made and prior to the report being released from PTS.



(13) **Readmission:** Clients who initiate readmission to PTS for any reason following discharge will be required to pay the entire balance in full for any services that were rendered and unpaid for during their previous treatment episode(s) before they will be allowed readmission.