



CLIENT PAYMENT POLICY

Ash Point Counseling LLC strives to ensure a clear understanding of your financial responsibility with respect to the behavioral health services we provide. These policies apply to all services provided by **Ash Point Counseling LLC**.

Co-Pays: We require payment of co-pays at the time of service, and reserve the right to refuse treatment. Co-Pays can be provided via cash, check, HSA, FSA, Stripe, PayPal, and all Square eligible debit and credit cards.

No Insurance: If you have no insurance, we collect \$180 at each session. We offer sliding scale fees on a case by case basis.

Payments: We accept cash, Visa, MasterCard, Discover, American Express, JCB, or UnionPay. We also accept payment by check and debit cards and are compatible with Stripe, PayPal and Square payment services. We reserve the right to require payment for services to be made at or before the time of service so that we can avoid pursuing outstanding balances.

Cancellations: We charge you if you do not call and cancel your appointment within the timeframes below. Notification allows the provider to see a client who needs to be cared for that day.

Regular appointments: We charge \$25 to your credit card if you do not call and cancel your appointment 24 hours ahead of time for all regular scheduled appointments.

Claim Filing: Ash Point Counseling LLC happily pays Health Affiliates Maine to file your claim with your insurance company as a courtesy. Please keep in mind that payment remains your responsibility. We do not enter disputes over insurance benefits. We bill insurance in accordance with all federal, state and other contractual requirements in cases where we have an agreement or we are a participating provider. We expect payment in full from you if your insurance company delays processing of your claim for over 60 days. You agree to pay any portion of the charges not covered by insurance. If your insurance company sends payments directly to you, send or drop-off the payment to Ash Point Counseling LLC, and we will apply it to your account.

Medicaid: Ash Point Counseling LLC pays Health Affiliates Maine to file Medicaid patient's claims for the state of Maine. If you have assistance from another state, you will be responsible for payment of the services you receive and the filing of your own claims. It is the Medicaid patient's responsibility to receive referral.

Workers Compensation: If your claim is denied you will be responsible for payment in full.

Preauthorization: Many insurance companies require preauthorization before you have a service provided. Failure to obtain preauthorization may result in your insurance company refusing to pay your claim. Any refusal of payment by insurance for this reason is your responsibility.

Dependents: You are responsible for payment of services rendered to your dependents on your account. In cases where a written court order allows payment for medical costs associated with a dependent, it is the responsibility of you to obtain reimbursement from the other party involved.

Referrals: If you see a Ash Point Counseling provider that is out of network or if you use an insurance company that requires a referral, you are responsible for obtaining it from your primary care clinic or physician. Failure to obtain it may result in a lower payment or no payment from the insurance company or no benefits from your insurance company and you will be responsible for payment.

Forms/Letters/Medical Records: Health Affiliates Maine provides all secure storage of your confidential medical record. To obtain copies of your health record, please contact: 1-877-888-4304; Email: info@healthaffiliatesmaine.com

Attestation Statement: I have read, understand, and agree to the above Ash Point Counseling LLC Payment Policy. I understand that charges not covered by my insurance company, as well as applicable copayments and deductibles, are my responsibility. I acknowledge that these policies do not obligate Ash Point Counseling LLC to extend credit. I authorize my insurance benefits be paid directly to Ash Point Counseling LLC. I authorize Ash Point Counseling LLC to release pertinent information to Health Affiliates Maine billers and my insurance company when requested, or to facilitate payment of a claim.

Client Printed Name	Signature	Date
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Provider Printed Name	Signature	Date
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