



The Boston Ability Center Financial Policies

Insurance- The Boston Ability Center is currently an in-network provider Blue Cross Blue Shield. The patient’s insurance card is required at the time of the first visit, and a photocopy of the card will be kept on record. All co-payments and past due balances are due and payable at the time of service. Once a patient’s insurance benefit is exhausted, either by way of time elapsed or visit count, the patient is responsible for payment for treatment in full at the time of service. The out of pocket rate for a 45-minute physical therapy, occupational therapy or speech therapy session is \$165.00.

If you have filed or plan to file an appeal with your insurance company for denial of services for any reason, you are responsible for payment in full within 30 days of the time of service for the duration of the appeal process. Upon resolution of the appeal, if the claim is paid by the insurance company and a check is received by The Boston Ability Center, the credit balance will be refunded.

Self-Pay Accounts - Self-pay accounts are patients covered by insurance plans in which The Boston Ability Center does not participate, patients without an insurance card on file, or patients who do not have any insurance coverage. The parents shall pay in full at the time of service.

Non-Participating Insurance Plans – Payment is due in full at the time of service. The Boston Ability Center will provide the patient with all necessary documentation to submit insurance claims to non-participating plans. All reimbursement checks should be sent directly to the patient and if a check is received by The Boston Ability Center, it will be forwarded to the patient.

Patient Refunds - The following criteria must be met prior to issuing a patient refund; there are no outstanding insurance claims on the family’s account, and there are no outstanding patient balances on the family’s account.

Payment Plan Agreements – The Boston Ability Center is willing to extend payment plan agreements to patients with special financial needs. Each agreement is unique and personalized to each family’s situation, please contact Janet Wade, Boston Ability Center Director, if you are in need of special arrangements.

Dual Insurances - If both parents have insurance coverage, the primary insurance is determined by “The Birthday Rule”. The dependent children are covered first by the health plan of the parent whose birthday falls earlier in the year. The other parent holds the secondary coverage.

Child custody Cases - The parent with primary custody is usually the parent with whom the child lives and who usually brings the child to The Boston Ability Center for care. The custodial parent is responsible for co-payments at the time of service for participating insurances and for all past due balances. If the non-custodial parent carries the insurance, The Boston Ability Center will bill that insurance company. The Boston Ability Center cannot get involved with divorce settlements i.e.; one parent pays 80% and the other parent pays 20%. It is the parents’ obligation to work out an agreement and insure prompt payment to Boston Ability Center.

Referrals – If you are required to have an authorization in place prior to receiving care from a specialist, please contact your primary care doctor prior to your appointment.

Same Day Treatment – Some insurance companies limit what is paid toward rehabilitation therapy and will not pay for PT and OT treatments performed on the same day. If both services are performed on the same day, you will be responsible for payment of the uncovered service.

Non-Covered Services – Not all treatments are considered to be medically necessary and therefore will not be paid by some insurance companies. We will do our best to inform you ahead of time for any treatments which have in the past been denied for this reason. You will be responsible for payment should treatment be denied for this reason.

This financial policy helps The Boston Ability Center provide quality care for our patients. If you have any questions or need clarification of any of the above policies, please feel free to speak to us.

Signature of Patient or Legal Guardian

Date

Print Patient’s Name

Print Name of Legal Guardian