

RYTHER

WHERE KIDS FIND HEALING AND HOPE

ABA CLIENT FINANCIAL RESPONSIBILITY

Our agency strives to offer the highest quality of ABA services to you and your family. Considerable care has been taken to ensure our fees and our rates accurately reflect the complexity of our services, the skills, and expertise of staff required for your child's care. Our fees are comparable to those of other highly qualified specialists.

WHAT YOU SHOULD KNOW

Health insurance coverage is a contract between you and your insurance company. It is best if you know which services your insurance will cover before you receive care from Ryther so that you can make informed choices about those services. If you would like to know which codes we routinely use for billing, please request a copy of our commercial fee schedule.

INSURANCE BILLING

Pre-authorization – If pre-authorization for applied behavior analysis is required through your insurance company for either in-network or out-of-network services, please let us know and we will work with your insurance company to get pre-authorization.

Contracted Insurance – Ryther is in-network with the following insurance companies: Regence, Premera, First Choice Health, and Multiplan. We will assist in filing all of your claims for applied behavior analysis services. I/We agree to pay Ryther for all co-pays and deductibles when services are rendered.

Non-Contracted Insurance – I/We agree to pay Ryther for all services when services are rendered. If my insurance company provides financial assistance for services, I/we do understand that I/we need to pay the fees at the time services are rendered and allow the insurance company to reimburse me/my family. The percentage of reimbursement that you will receive will vary depending upon your insurance company. However, most insurance companies will cover applied behavior analysis services in full or in part depending upon your plan. Staff at Ryther will provide you with an invoice with the proper codes for you to submit to your insurance company for reimbursement. It is strongly recommended that you submit copies of these invoices to your insurance company **immediately** after you receive them, as insurance companies vary in the amount of time that it will take to reimburse you.

Insurance Changes – If your insurance plan changes, you are expected to contact Ryther and update the information we have on file. Please contact 206-985-5828 or pick-up a Change of Insurance Form at our Front Desk.

COPAYMENTS

Please plan to pay your copay at the time your child receives services. This amount is based on your specific insurance plan. **If you do not pay your copay at the time that services are delivered, your credit card will be charged for the amount of the copay.** If, for some reason, these amounts are not paid at the time that your child receives services, you will receive a bill with an included 15% convenience fee.

DEDUCTIBLES

If your insurance deductible has not been satisfied, you are responsible for the entire cost of your child's services. Ryther may not know for some time how much, if any, of your deductible has been satisfied. As a result, you may be billed by Ryther for services that you thought would be covered by insurance. It is therefore important that you remain aware of how much of your deductible has been satisfied so that you are not surprised by any bills received from Ryther.

SERVICES NOT COVERED BY YOUR INSURANCE PLAN

Not every insurance plan covers every service. If your insurance does not cover a service and you choose to go forward with the appointments, you are responsible for the full cost of the service. Ryther will require payment at the time of the appointment.

MISSED APPOINTMENTS AND LATE CANCELLATIONS

At Ryther, we understand that emergencies and illnesses arise which may cause a session to be cancelled. However, you must notify us at least 24 hours in advance of any cancellation. If notification is not made at least 24 hours in advance and there is not an emergency situation, you will be billed a cancellation fee equal to the amount of your financial responsibility for the regular scheduled session, **which will not be reimbursable through insurance**. Repeated failures to attend scheduled session or arrive to scheduled sessions may result in termination of services. Please contact your provider or reception at 206-525-5050 to cancel your appointment.

BILLING

Payment for all bills is due within 30 days. If Ryther does not receive payment, we will continue to send you bills until we receive payment in full. If you fail to pay your bills, your unpaid balance will be referred to a collection agency as explained under non-payment.

UNABLE TO PAY

If you are having problems paying your bill, please call 206-517-0225 to arrange for a payment plan.

NONPAYMENT

If payment is not received when services are rendered, a service charge will be added for each week the balance is past due. If payment is not received within 30 days, the bill may be sent to a collection agency. Additionally, I/we understand and agree to pay any and all collection costs and/or attorney fees if any delinquent balance is placed with an agency or attorney for collection, suit, or legal action. I/We also acknowledge that confidentiality is waived in matters involving collections and the sharing of information sufficient to pursue recovery of debts owed.

RETURNED CHECKS

Returned Checks are subject to a \$25 NSF Fee. If your check is returned to us by your bank as unpaid, we will contact you to resolve payment. Please be prepared to resolve the initial payment as well as the \$25 NSF Fee by providing us with your credit card information.

OVERPAYMENTS

If we discover through Insurance processing that you have an existing overpayment or credit on your account, you will be refunded any amount you have overpaid. However, if you have current claims in process, we will first apply any overpayment to the patient balance due on those claims before refunding the overpayment to you.

RATES FOR SERVICES

Payments for services are billed per hour.

Per 15 minutes	Behavior Identification Assessment	\$ 40.00
Per 15 minutes	Behavior identification-supporting assessment (by tech)	\$ 25.00
Per 15 minutes	Behavior identification supporting assessment (w/tech assistance)	\$ 12.50
Per 15 minutes	Adaptive behavior treatment by protocol (by tech)	\$ 12.50
Per 15 minutes	Adaptive behavior treatment with protocol modification (tech)	\$ 12.50
Per 15 minutes	Group adaptive behavior treatment by protocol (tech)	\$ 11.00
Per 15 minutes	Adaptive behavior treatment by protocol modification	\$ 31.25
Per 15 minutes	Family adaptive behavior treatment guidance	\$ 30.00
Per 15 minutes	Multiple-family group adaptive behavior treatment guidance	\$ 6.25
Per 15 minutes	Group adaptive behavior treatment with protocol modification	\$ 12.50
Per hour	Mental Health Assessment	\$ 150.00
Per hour	Mental Health Service Plan Development	\$ 120.00
Per 15 minutes	Skills Training and Development (tech)	\$ 11.00
Per 15 minutes	Therapeutic Behavioral Services	\$ 25.00
Per 15 minutes	Homecare training patient	\$ 12.00
Per session	Homecare training patient	\$ 25.00
Per 15 minutes	Family homecare training	\$ 12.00
Per session	Family homecare training	\$ 25.00

*If we are in-network with your insurance then the rates are different based upon our negotiated rates with your provider and cannot be disclosed. The rates above are our standard out-of-pocket rates.

BILLING QUESTIONS?

If you have any questions regarding our Fee Agreement and Payment Policy, please do not hesitate to discuss it with us.

Ryther Accounting: 206-517-0225 (main), 206-524-6225 (fax)

Insurance questions or concerns: Kristen Becker (206) 985-5828

To schedule an appointment, please call 206-517-0234 or email gethelp@ryther.org

To cancel an appointment, please contact your provider or the Ryther Receptionist at 206-525-5050