

FINANCIAL POLICY & AGREEMENT

As part of our commitment to partnering with you to best support your family's needs, we believe it is important to clearly establish and communicate our financial policy to our families. We are dedicated to providing the best possible care for your child, and this includes providing you with a clear and full understanding of our policies.

Responsibility:

You are ultimately responsible for all payment obligations arising out of your child's treatment and care rendered by Springtide. You are responsible for deductibles, co-payments, co-insurances, and other patient responsibility amounts as assigned by your insurance carrier, pursuant to your plan. You are also responsible for any services not covered by your insurance.

Insurance:

Once we have your insurance card, Springtide will contact your insurance carrier for a "quote of benefits" or "eligibility check" to verify your insurance plan benefits and verify that your child's care with Springtide is covered. We will do our best to confirm your insurance coverage and authorization for services recommended for your child's care, but coverage cannot be guaranteed.

Should your coverage change, it is your responsibility to let Springtide know as soon as possible so that we can request authorization from any new insurance payors and ensure that there isn't a gap in coverage and care of your child. It is your responsibility to provide Springtide with any and all changes in insurance information including group policy number, identification number, phone numbers, addresses, etc. Failure to do this could result in total responsibility of charges incurred dependent on your insurance's authorization of services.

If you anticipate any changes in your insurance, you should inform Springtide of the new coverage at least two weeks prior to your current coverage termination and provide us with new coverage ID information. This will allow us to be able to confirm eligibility with the new insurance and also request any required authorizations so that your child may continue care with minimal disruption to scheduling. If we are unable to confirm coverage with your new insurance, we may need to pause services or you will be responsible for charges incurred for services not authorized and/or covered due to the change in insurance. If you are made aware of upcoming changes to your coverage sooner, we appreciate being notified as early as possible.

Invoices from Springtide:

It is our practice to bill families after we have billed and received payment from your insurance.

We will bill your insurance company first for all services and then bill you for any amount assigned to be your responsibility by your insurance. Typically, we bill your insurance within 1-3 weeks from services rendered and then your insurance has up to 45 days to process claims. Upon receipt of payment from your insurance, your insurance will also inform Springtide of any cost-share amounts assigned to you. If/when your insurance assigns any cost-share amounts to you (including but not limited to deductibles, co-payments, co-insurances, etc), Springtide will do our best to validate that the amount(s) assigned are correct according to your insurance plan before billing you. As a medical provider contracted with your insurance, **Springtide is required to bill all patients their full cost-share amount assigned by their insurance.** Springtide issues Patient Responsibility invoices on or around the middle of each month. Invoices will be uploaded to the Springtide Parent Portal and all payments should be paid through the Springtide Parent Portal.

In some instances, Springtide may need to appeal or request additional review of your insurance's bill determination. If this occurs, your insurance has an additional 30-45 days to reprocess the claims, which may result in further delays to when Springtide can bill you for your cost-share.

Unless separately arranged with Springtide in extenuating financial circumstances, prompt payment of balance in full is expected by the 15th day or last day of the month (whichever is designated as the due date on the invoice as issued).

- **If an invoice is past 60 days due, please reach out to your clinic's Operations Manager to request a payment plan. We will assess the outstanding balances and work with you to form a reasonable payment plan.**
- **If an invoice is past 90 days due and you have not reached out to us to set up a payment plan, you will be assessed a late charge fee of \$50 for every 30 days that your invoice is overdue.**
- **At any point, should your outstanding balance surpass \$5,000 and you have at least one invoice more than 30 days overdue, Springtide may pause scheduling your child for services at Springtide's discretion until the amount(s) past due are paid in full or a clear payment plan has been executed and at least one payment has been made on the payment plan.**
- **If payment is not received or payment arrangements are not attempted following the aforementioned guidelines, Springtide reserves the right to terminate/discharge services and your account may be forwarded to a collections agency.**

Should you have any questions regarding your invoice(s), please contact your clinic's Operations Manager.

Payment Plans:

Once your balance is on a payment plan, if 3 payments surpass their due date without payment, Springtide will reach out to you and may pause scheduling your child for services at Springtide's discretion until at least one payment has been made within 14 days.

I have read the financial policies contained above, and my signature below serves as acknowledgement of a clear understanding of my financial responsibility. I understand that if my insurance company denies coverage and/or payment for services provided to me, I assume financial responsibility and will pay all such charges in full.

Signed: _____

Parent Name: _____

Date: _____

Client Name: _____

Client DOB: _____