

CLIENT: _____

FEE SCHEDULE BEC / ABA SERVICES

Fees are based on a 50-minute hour. Assessment and initial therapy appointments often require two to three hours per session. Standard fees are as follows:

		Therapy/Consultation	Assessment/ Evaluation	Program Development*	Travel
Behavioral Education Consultant	Master's Level	\$100/hr.	\$100/hr.	\$100/hr.	\$50/hr.
	Ph.D. Level	\$125/hr.	\$125/hr.	\$125/hr.	\$62.50/hr.
Behavior Technician		\$ 44 /hr. (2 hour minimum)	---	---	\$18/hr. \$25/hr. traveling to eastside via SR 520

NOTE: The UW Autism Center contracts with several insurance companies. In the event your insurance does not cover these services, clients will be billed based on the above standard rates. Family Scholarship Fund is available. (Please see explanation below)

Clinical Visits

A \$30 payment may be required at the time of your appointment to be credited toward your balance.

Program Development

Behavior and Education Consultants spend a great deal of time between appointments supporting therapy programs. This time may include writing programs and reports, developing new materials, reviewing progress and goals, and communicating with parents/guardians or other providers. Consultants may bill for program development (see above table) to include these additional services.

Professional Services

You may be billed for other professional services that are essential to therapy and may not be reimbursed by insurance companies. These services may include report writing, review of previous records, telephone or email communications exceeding 15 minutes, meeting attendance, home, school, or therapy assistant consultations, other consultations that you have authorized, participation in UW Autism Center trainings, or any other service you may request.

Travel

All travel time to home, School or off-campus locations will be charged and billed to you privately. The rates are listed in the above fee table. Additional charges for Behavior Technician's travel may apply to families living farther than 30 minutes from UW Autism Center.

Insurance Coverage

Please see attached billing consultation sheet to review the services UW Autism Center covers.

Billing

Client accounts are closely monitored. You will receive a statement for services provided during the prior month. If timely payments are not submitted, or if you do not initiate an agreement to develop a mutually acceptable payment plan, your account will be forwarded to a collection agency. Services may be discontinued and reasonable late charges, interest, and applicable attorney fees may be imposed upon delinquent accounts by the collection agency. The UW Autism Center requests that the person responsible for the bill provide the last 4 digits of their social security numbers to verify identity. For questions regarding deposits or general billing issues, please contact our billing coordinator at 206-616-2754.

Cancellation Policy

All confirmed appointments require **at least 24 hour advance notice for cancellation. If we do not receive 24 hour notice, you will be billed at the standard rate for that session.** In addition, you will be billed for all no-show appointments. Insurance companies generally do not reimburse for missed appointments.

Exceptions may be made in the case of illness or family medical emergency.

Clients with Medicaid Coverage

Clients with Medicaid must choose one of the managed care plans (Molina, Amerigroup, CHPW, etc.) in order to be seen at UW Autism Center. The UW Autism Center cannot accept open medical coupons for any service. It is possible that clients may be dropped off their managed care plan unexpectedly. Clients need to verify their coverage before the end of each month to make sure that they still have the same benefits through the managed care plan for the following month. To make sure there is no interruption in services, clients who are covered by a managed health plan are required to apply for safety-net funding before they start services at the UW Autism Center. The intake coordinator will provide an application and more information about these programs.

Family Scholarship Fund

The UW Autism Center has established a Family Scholarship Fund (FSF) to qualifying families receiving services from the UW Autism Center. Families whose income falls within the parameters of the FSF may qualify for reduced service fees on a first come, first served basis. This scholarship funding is not retroactive; the use of funds may only be applied toward services provided after the date of approval. The FSF program is always subject to available funds. Families are required to pay at time of service for non-covered services. Please consult a UW Autism Center staff member for further information or a FSF application.

Ben's Fund

Ben's Fund may be available through FEAT of WA to provide grants to families to help them obtain treatment services. To find out if your family may qualify for an autism grant worth \$1,000.00 per child, please go to this link: <http://www.featwa.org/grants/>.

I, the parent/legal guardian/client, understand that: *(Please initial each box)*

- _____ The UW Autism Center is not a contracted (preferred) provider with most insurance carriers.
- _____ At this time, the UW Autism Center is not able to accept client's covered by Medicaid managed care plan "Molina, CHC, Amerigroup, etc. for behavioral services.
- _____ I am responsible for all charges for services provided to my child or I by the UW Autism Center.
- _____ Payment of \$30 may be required at-time of your appointment to be credited toward your balance for clients with non-contracted insurance carriers.
- _____ Many insurance companies do not cover ALL services provided by the UW Autism Center.
- _____ For clients with non-contracted insurance carriers, the submission of insurance claims is a courtesy service and does not relieve me of my financial obligation.
- _____ Any lawsuit for collection of my account may be brought to King County, Washington.
- _____ It is my responsibility to contact my insurance carrier to determine whether the services by the assigned provider meet the criteria for reimbursement.
- _____ I must obtain any required pre-authorization and/or referrals required by my insurance carrier.
- _____ It is my responsibility to contact the UW Autism Center Intake Coordinator at 206-616-8642 should I acquire open medical coupons, so that referrals may be provided.

Print client's name _____

Your signature below verifies that you have read this document and agree to its terms and agree to receive health care from the UW Autism Center. If any portion of this form is unclear, please consult with UW Autism Center staff prior to providing your signature.

Signature

Date

Printed Name

If signed by person other than client, please specify your relationship to client: ☐ Parent ☐ Conservator