easterseals
Capital Region & Eastern Connecticut

**FINANCIAL AGREEMENT** *(For Outpatient Services)*

By signing this form, I agree to the financial terms below and accept responsibility for payment of all services provided by Easterseals Capital Region & Eastern Connecticut ("Easterseals").

***My Financial Responsibility***

- **I am financially responsible** for all services provided to me or the person I represent.
- I will pay any costs **not covered by insurance**, including copays, coinsurance, deductibles, or denied charges.
- Some services may not be covered by insurance even when deemed clinically appropriate, and I understand that I am responsible for payment of non-covered services.
- If my provider is **out-of-network** under my plan, I may be responsible for a higher portion or the full cost of services, even if Easterseals is in-network. A superbill may be provided upon request.
- If I am uninsured, self-pay, or have out-of-network or high-deductible, I may request a **Good Faith Estimate**.
- For **psychological or neuropsychological evaluations**, billing includes work completed outside of appointments, which may occur over several days or weeks and is part of the total cost.
- **Medicare clients** are responsible for the deductible and 20% coinsurance. Secondary insurance will be billed when available.

***Insurance and Billing***

- I am **responsible for understanding my insurance coverage**, including referral or prior authorization requirements.
- I am **responsible for informing Easterseals** if prior authorization is required. Once informed, Easterseals will assist in obtaining authorization.
- I will provide **current insurance information** (including secondary insurance, if applicable) at the start of treatment and notify Easterseals **promptly** of any changes. Failure to do so may result in denied claims for which I am responsible.
- **Verification of benefits is not a guarantee of payment**.
- I authorize Easterseals to share necessary information with my insurance and **to receive payments directly.**
- Easterseals will submit claims on my behalf, and I will be billed for any remaining balance after insurance processing, typically within 60–90 days.
- If my insurance **denies or does not pay any claim**, I am responsible for the unpaid balance.

***Payment Terms and Fees***

- Payment is **due at the time of service**, including self-pay charges, copays, coinsurance, and amounts applied toward deductibles. **For out-of-network or high-deductible plans,** full payment may be required at scheduling unless other arrangements are made.
- Amounts collected at the time of service are based on the best information available. If insurance later adjusts the claim, I may receive a bill for any additional balance owed or a refund for any overpayment.
- Easterseals accepts cash, checks, and major credit cards. Returned checks may result in a $50 fee.
- **Balances unpaid after 30 days may incur a 3% monthly finance charge**. Accounts over 90 days past due may be sent to collections, and I am responsible for any related fees.

***Missed Appointments and Cancellations***

- A **$50 fee** may be charged for missed appointments or cancellations **with less than 48 hours' notice**. This fee is not billable to insurance, must be paid before rescheduling, and applies to both in-person and telehealth visits.
- Patients with two or more missed or late-canceled appointments within a three-month period may result in lower scheduling priority or discharged from services. Exceptions may be granted at the discretion of Easterseals.

***Financial Responsibility Agreement: To be signed by the person responsible for payment***

- **By signing, I confirm that I have read this form, had the chance to ask questions, and agree to the financial terms.**
- If signing on behalf of a minor or dependent adult, **I understand that I am accepting financial responsibility** for the cost of services.

**Signature**: _____ **Print Name**: _____ **Date**: _____

**Relationship to Patient**: ☐ Self ☐ Parent ☐ Guardian ☐ Conservator of Estate ☐ Other