

## StarBright Payment Policy

I agree to pay **StarBright ABA** for all services rendered and agree to abide by the following guidelines:

**Payment.** I understand I will receive an invoice on a monthly basis for services rendered to me by Star Bright ABA and are payable at presentment. Cash or credit will be accepted for all payments due on the date indicated on the invoice.

**Funding sources.** If my insurance carrier provides financial assistance for services, I understand I must pay the fees by the due date indicated on the invoice and allow the insurance carrier to reimburse me for the services unless a current authorization for insurance to cover the amount is on file. I also understand I am responsible for any copayment or coinsurance amounts due on the date indicated by invoice. I understand and agree that I am primarily responsible for the payment of StarBright ABA invoices regardless of whether my insurance carrier covers all or part of the insurance claim generated by StarBright.

**Nonpayment.** If my account is over **90 days** past due, I will receive a letter stating that I have **20 days** to pay my account in full. Partial payments will not be accepted unless otherwise negotiated. Please be aware that if a balance remains unpaid, we may refer your account to a collection agency.

**Returned check/insufficient funds.** I understand I will be charged a fee of **\$35** for any returned checks.

**Missed appointments.** In the event of emergency situations, I must provide **24 hours** notice to my primary contact person at StarBright in order to cancel an appointment or I will personally be billed a \$75 missed session fee.. In the event of an unexpected illness in which **24 hours** notice cannot be made, I am required to provide at least **4 hours** notice prior to the start of a scheduled appointment in order to prevent being billed the \$75 missed session fee. I understand that when a client arrives late to a scheduled appointment, the client is billed the rate of the full appointment. Repeated failures to attend scheduled sessions or frequently arriving late to scheduled sessions may result in a decrease in, or termination of services.

**Errors and/or Disputes.** I agree to review each StarBright invoice upon receipt and to promptly bring any errors, disputes, and questions or concerns to the attention of StarBright. I understand and agree that my failure to bring errors and/or disputes to the attention of StarBright within (20) days of the date of the invoice shall constitute a waiver thereof.