



Behavioral Health Payment Agreement Insurance and EAP

Welcome to Anchorpoint Counseling Ministry! As a nonprofit ministry, we are committed to providing you with high-quality and personalized care. Your understanding of Anchorpoint's payment policies and billing procedures is essential for maintaining effective services to you and others. For this reason, we have adopted the following agreement for insured and EAP clients. You are required to read, agree to, and sign this agreement prior to receiving any services.

INSURANCE AND EAP OVERVIEW:

Anchorpoint is "in network" with most major healthcare insurance providers, including Medicare plans, and some Employee Assistance Programs (EAPs) common in our service area. **We require a copy of your current cards for your Primary and Secondary insurance, if applicable, and all necessary information to properly file an insurance claim with your Insurance Plan(s) or EAP.** We strive to be up front and honest with you regarding our status with your Insurance Plan(s) or EAP, as well as the extent of your coverage (to our knowledge), prior to you beginning services at Anchorpoint. **Anchorpoint may not fully know the terms of your Insurance Plan(s) or EAP coverage until after you are billed for services. It is your responsibility to understand the conditions and limitations of your Insurance Plan(s) or EAP prior to receiving services at Anchorpoint. If Anchorpoint is not in network with your Primary or Secondary Insurance Plan(s) or EAP, you will be responsible for any charges not covered by your Insurance Plan(s) or EAP.** Our goal is to always provide you with a clear understanding of your options at Anchorpoint and/or a list of referral providers as appropriate and requested. Your Insurance Plan(s) or EAP is a contract between you (and/or your employer) and your insurance company. **It is your responsibility to understand the payment requirements associated with your Insurance Plan(s) or EAP.** As a contracted provider with your insurance or EAP company, Anchorpoint is required to adhere to the terms and conditions of your Insurance Plan(s) or EAP, including any out-of-pocket costs required of you, the Insurance Plan(s) holder or EAP-covered person. **You are responsible for and expected to pay any required deductibles, copayments, and/or coinsurance payments, as specified under the conditions of your Insurance Plan(s) or EAP.**

Plans differ in benefits, so it is important for you to understand these terms in the context of your specific Insurance Plan(s) or EAP:

•**Deductible:** An annual amount you agree to pay out of pocket for covered healthcare services BEFORE your Insurance Plan(s) starts to pay. If your Plan(s) includes a deductible, you may be required to pay the full cost of services at Anchorpoint (as negotiated with your insurance company) until you accrue enough eligible health care expenses to meet your annual deductible amount. After you pay your deductible in full, your Plan(s) will usually require a copayment or coinsurance payment for any future services received during the same Plan(s) year.

•**Copayment:** A fixed cost you agree to pay for a covered healthcare service. Based on the terms of your Insurance Plan(s), a copayment may be applied to a service before and/or after you pay your deductible in full. Please be aware that your Insurance Plan(s) may require a different copayment for behavioral health services than other healthcare services you receive.

•**Coinsurance Payment:** A percentage of costs you are required to pay for covered healthcare services under your Plan(s). Typically, coinsurance payments go into effect after you have paid your deductible in full.

INSURANCE COPAYS DUE AT TIME OF SERVICE:

If a copayment is required for your behavioral health services from Anchorpoint, you must make this payment at the time of each service via credit/debit card, check, or cash. Any unpaid copayments will be added to your balance and billed/invoiced to you for payment upon receipt.

BILLING PROCEDURES:

As a courtesy to our clients, Anchorpoint contracts with a specialized intermediary billing service to ensure timely and accurate billing to your Primary and/or Secondary Healthcare Insurance Plan or EAP. Our billing service also provides customer support and helps to address any questions about your insurance claims and billing/invoicing. You may receive bills/invoices for services received at Anchorpoint from our billing service, Anchorpoint, or your insurance company. You are responsible for paying for any billed/invoiced services received from Anchorpoint promptly upon receipt. **Any unpaid balances are subject to Anchorpoint's collections procedures. If your unpaid balance is in excess of \$300 or 5x your assigned fee, Anchorpoint reserves the right to discontinue your services until you make a goodwill effort to pay your balance.** Various payment plan options are available by contacting Anchorpoint. We accept most major credit/debit cards, checks, and cash. Anchorpoint accepts some, but not all, Health Savings Account (HSA) cards. In the event your HSA card is not accepted, you must pay for services out of pocket and submit for reimbursement. Anchorpoint will provide you with the appropriate documentation to request a refund from your HSA account.

Payments can be submitted in person, by phone (412-366-1300), online at www.anchorpoint.org/pay-my-bill/, or by mail to Anchorpoint Counseling Ministry, 800 McKnight Park Dr, Ste 802, Pittsburgh, PA 15237.

PAYMENT METHOD ON FILE:

Anchorpoint strongly recommends that you complete an Electronic Payment Method Authorization Form. By completing this form, you will ensure you are always up to date on any required payments or balances due to Anchorpoint. This form will be kept securely on file and only accessed by an approved billing representative to process your payments for services. With this authorization, Anchorpoint will automatically process any fees charged to you for services (minus any payments collected or expected from your Insurance Plan(s) or EAP), including counseling sessions you receive and billed no-shows/cancellations.

NOTICE OF CHANGES TO PLAN, PAYMENT, OR CONTACT INFORMATION:

In the event of a change to your Primary and/or Secondary Insurance Plan(s), EAP, or payment method on file, we require advanced notice prior to the completion and billing of a covered service. Typically, changes to your Plan(s) occur in the following instances: new job, annual open enrollment/plan renewal periods, or qualifying life event. **You are also responsible for notifying Anchorpoint of any and all relevant personal information changes, including new mailing address(es), phone number(s), and other contact information.** Failure to notify us of these changes may result in full billing of service costs to

you (if claims to another payor cannot be processed) or initiation of collection procedures (if we cannot reach you).

CANCELLATION POLICY:

Please reference Anchorpoint’s “Cancellation and No-Show Policy” for the terms of Cancellation/No Show Fees. These Fees will be billed to you and will not be covered by your Insurance Plan(s) or EAP.

RETURNED CHECKS POLICY:

This policy is for clients who pay by personal check. If your personal check is returned for “not sufficient funds” (NSF), you will be billed \$25 to cover bank fee expenses. This fee will not be covered by your Insurance Plan(s) or EAP. Following a returned check, you must pay all future charges by cash or credit/debit card.

TREATMENT AUTHORIZATION:

Some insurance companies and EAPs may require treatment authorizations prior to paying for your covered healthcare service(s). It is your responsibility to know if this stipulation applies to your insurance contract. You must notify Anchorpoint of this requirement prior to scheduling any services. Any services you receive from Anchorpoint prior to receiving the appropriate authorization(s) may not be paid by your Insurance Plan(s) or EAP. In these cases, you will be required to pay the full costs of these services out of pocket (at the rate(s) negotiated with your insurance company). Your Counselor will apply for any requested treatment authorizations on your behalf, as needed.

I have read and fully understand this Insurance and EAP Behavioral Health Payment Agreement. I agree to and will comply with all of these terms and conditions.

Client Signature (Parent or Guardian if client is younger than 14 years old)

Date