

Alliance Clinical Associates

Financial Policy

Full payment is due at time of service. Pay your provider directly upon completion of your session. (For your convenience, you may provide us with a credit card number to keep on file. Session fees will be automatically posted the next day.)

Alliance Clinical Associates is contracted with Blue Cross (PPO Plans only). If you have Blue Cross PPO insurance, we will submit claims for you and require only your copay at time of service. The balance, if any, will be due upon receipt of your explanation of benefits from Blue Cross or our monthly statement.

Patients are responsible for giving us full and correct insurance information (primary and secondary—if applicable) at their first visit and immediately thereafter whenever insurance information changes. The patient will be charged if we have to resubmit claims because we were not given the correct information by the patient in a timely manner.

Policy benefits vary greatly within the Blue Cross network. Patients are responsible to become familiar with their plan and its parameters. **If authorizations are required, and the patient has not arranged for them or notified the provider, the services might not be covered and the entire fee might be required from the patient. Call your insurance company before beginning a treatment plan with a new provider.**

Some Alliance providers are also contracted with Medicare. If you see one of our Medicare providers, we will submit claims for you, charging you only your copay. We will also submit to your secondary insurance. Any remaining balance after both primary and secondary insurance have processed the claim will be due and payable from you at your next appointment or when you receive our monthly statement, whichever comes first.

Every patient receives a superbill. If you are submitting to an insurance company, you can send in the superbill with a copy of your insurance card for reimbursement.

On the superbill, providers often note your next appointment. Please pay careful attention to this detail as appointments not canceled within 24 hours of appointment time are charged to the patient at the session price.

Services rendered by our doctors to patients seen at Central DuPage Hospital or in their Behavioral Health Unit will be billed from this office. While we are only contracted with Blue Cross and Medicare, we do bill all insurance companies for hospital patients. For insurance companies other than Blue Cross or Medicare, we will be billing as non-network providers so benefits likely will be reduced. Patients are notified as soon as possible what their insurance is expected to cover and the estimated balance due from them. A deposit is requested at the beginning of a treatment plan.

CARE COORDINATION SERVICES

Depending on your specific needs, your therapist may spend significant time outside of office visits managing your care. These duties may include reviewing school, hospital or lab records, talking with outside therapists or doctors, completing forms for disability, schools, and health or prescription insurance authorizations, generating letters and filling out reports, filling prescriptions or answering questions about medications, communicating with extended family, hospitals or agencies involved in your care, etc. The needs of children, teens and the elderly are especially time-intensive.

All of these duties are essential to taking excellent care of you.

Since our doctors are spending increasing amounts of time on these matters you may receive a charge from time to time for “care management.” The charge may come at the time of a specific task; or be generated for multiple tasks over a six to twelve month period. “Care Management” charges (billed with American Medical Association approved codes on insurance claims) may be reimbursed by some, but not all, insurance companies.

If you have any questions, please bring them to your therapist.

Alliance Clinical Associates recognizes that life threatening circumstances require immediate action. Sometimes that creates serious financial problems. We want to be sensitive to these situations and will work out a payment plan that clears balances in six months to a year, provided payment agreements are carefully adhered to. To qualify for any special payment arrangements, the responsible party must meet with our billing office and present evidence to justify their financial need. This is required by law because pricing must be consistent and fair to all.

We work with patients that work with us in a timely manner. Account balances older than 90 days, with no reported communication from the responsible party, are turned over to our collection agency and a collection service fee is assessed and your credit history may be impacted.