



30252 Tomas Suite 100, Rancho Santa Margarita, CA 92688 Ph: 949-459-1658 Fax: 949-459-1667

Client Notice of Financial Responsibility

Child's name: _____

DOB: _____

Please initial each item and sign at bottom

_____ Rainbow Kids Achievement Center will file insurance claims with your insurance carrier. We are currently in-network with several insurance companies. All parents are expected to know and understand their coverage and benefits for therapy and intervention services. Although we will verify insurance eligibility and benefits prior to your first appointment, you may also check your benefits by calling the phone number on your insurance card and speaking with a representative from the insurance company. A quote of benefits from your insurance company is not a guarantee of payments. In the event your insurance chooses not to pay for services rendered, you are ultimately responsible for all charges.

_____ Please provide Rainbow Kids Achievement Center with a copy of your insurance card each time you receive a new card and/or your insurance information changes. Please understand that if your insurance company delays payment or is waiting on additional information before they render payment, and the balance due is past 45 days, the balance is your responsibility and is due immediately.

_____ Deductibles, co-insurance and co-payments are due at the time services are rendered. If payment is not made immediately a \$5.00 administrative fee will be added to each payment. In the event that deductibles, co-insurance and co-payments exceed payment by 30 or more days, services will be placed on hold until the balance is paid in full.

_____ Rainbow Kids Achievement Center will answer any insurance related questions you may have to the best of our ability. However, calling your insurance company directly is frequently required. Any follow-up regarding non-payment after our initial appeals process is your responsibility. If payment is not issued by the insurance company within 45 days of initial filing, you are responsible for payment in full for all services rendered. It is then your responsibility to follow up with the insurance company regarding any further appeals.

_____ You are responsible for payment of any no-shows or late cancellations, please see Rainbow Kids Achievement Center Cancellation Policy for all fees.

_____ In the event that a check is returned for insufficient funds, there will be a fee of \$35.00 due on your account in the addition to the original balance.

_____ Any accounts turned over to our outside collection agency will incur an additional charge of 33% on your balance for administrative fees.

I have read the above and hereby accept all responsibility for the evaluation, treatment and intervention costs incurred by my child. The undersigned certifies that he/she accepts these terms.

Parent Signature

Date

Printed Name

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