



Bridges, Inc. | 8920 Holly Ave. NE, Suite 102-B Albuquerque, NM 87122 | 505-856-6880

Client Fee Agreement

We will bill your insurance provider for payment. You are financially responsible for any deductibles, co-payments, coinsurance or cost-share required by your insurance and any balance of allowable charges remaining unpaid by your insurance providers after 90 days of claims' submission. In addition, you are also responsible for obtaining current deductible information and annual and lifetime benefit limits for Autism related services.

A **No Show Fee of \$50** may be charged if a session is **cancelled with less than 24 hours' notice**. In the event that staff arrives to the session and no one is home, staff will stay for 15 minutes after scheduled appointment time before leaving. **Bridges reserves the right to terminate services if a client has 3 or more no shows or cancellations in a three month period.**

Invoices will be sent monthly by email providing date of service detail. Approx. 10 days will be given for review of the invoice and then the Credit card on file (we accept Visa, MC, AMEX, and Discover) will automatically be charged once monthly for the full amount of the invoice. Please be advised that a quote of eligibility and benefits is not a guarantee of payment. All benefits are subject to eligibility, medical necessity and the terms, conditions, limitations and exclusions of the patient's health benefit plan at the time the services are rendered. If, at any point in time, the client's insurance coverage is terminated or becomes inactive, any charges for services rendered will become the responsibility of the client or the client's family.

If you would like to make different payment arrangements, please contact Billing Manager Phil London, at phil@bridgesinc.info or 505-856-6880. Credit card information may be phoned to Billing Manager Phil London if you prefer not to provide it in writing below.

- A one-time \$100 Applied Behavioral Analysis Material Preparation Fee (a non-covered service) applies to this program and will be charged directly to the credit card listed below. **IF UNCHECKED, THIS FEE DOES NOT APPLY.**

Name Of Client (Please print clearly): _____

Applicant agrees that all information provided is accurate and complete. Applicant also acknowledges that all services may be immediately terminated at Bridges, Inc.'s discretion if any charges are declined or charge backs are claimed against any outstanding invoiced amount. Disputes to amounts invoiced should immediately be reported to phil@bridgesinc.info. Changes in the status of this card should also be reported to phil@bridgesinc.info. The undersigned is the duty authorized representative of the Bridges, Inc. client listed above.

Person Authorizing (Please print clearly): _____

_____ Date: ____ / ____ / ____

Authorized Signature _____

Credit Card Authorization

Credit Card #: _____ Credit Card Type: _____

Name as it appears on card: _____

Security Code/CVC: _____ Expiration Date: ____ / ____ Billing Zip Code: _____
(3 Digits from back of card) (MM/YY)

TO AUTHORIZE SERVICES, YOU MUST SUBMIT THIS COMPLETED FORM TO BRIDGES:

Fax: 800.714.4705 Mail: 8920 Holly Ave. NE, Suite 102-B, Alb., NM 87122 email: phil@bridgesinc.info