



## Guarantor Agreement

Please review attached Schedule of Fees and Financial Policies before filling out this form.

### Client Information

Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Guarantor Information

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Relationship to Client: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

### Credit Card Authorization

I understand that it is office policy that payments are required at the time of service or charge accrual. I voluntarily authorize the Mansio Center, Inc. to charge my credit/debit card for any and all balances that Client named in this document accrues per financial policies of the Center.

Card Type (circle one): VISA    MasterCard    AmEx    Discover    Flex/HSA

Card number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on card: \_\_\_\_\_ CVV Security Code: \_\_\_\_\_

Signature of the cardholder: \_\_\_\_\_

### Acknowledgement of Financial Guarantee

I have reviewed a copy of the Schedule of Fees and Financial Policies Document provided by the Mansio Center. I agree to serve as a financial guarantor for the Client named above. I understand that I am responsible for all fees incurred by the Client at the Mansio Center. The guarantee contained in this agreement is a continuing and unconditional guarantee and may only be withdrawn by me by giving written notice to the Mansio Center which will be effective only for sessions occurring subsequent to the date of any such withdraw.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please fax the completed form to 877-506-2674 or mail to:  
The Mansio Center, 499 Anthony St, Glen Ellyn, IL 60137.**



## SCHEDULE OF FEES AND FINANCIAL POLICIES

Effective 7/1/2018

### SCHEDULE OF FEES

Our service rates and corresponding health insurance billing codes are as follows:

- Initial Consultation (50-60 min.) \$185.00-225.00
- Individual Therapy (45-55 min.) \$135.00-175.00
- Couples Therapy (45-55 min.) \$155.00-200.00

*This is not a comprehensive list and reflects the most common services provided by our staff. Additional codes may be used by your provider as deemed appropriate.*

### CHARGES NOT COVERED BY INSURANCE

- Phone Consultations (11-60 min.) \$135.00-175.00/hr (pro-rated per 15 min.)
- Telehealth Sessions (45-55 min) \$135.00-225.00
- Late Arrival (more than 5 min) \$135.00-175.00/hr (pro-rated per 15 min)
- Extended Session Time (over 60 min) \$155.00/hr (pro-rated per 15 min.)
- Case Management \$135.00-175.00/hr (pro-rated per 15 min.)  
*Case Management includes indirect services therapists provide outside the session times, such as writing letters, consultations made at your request, coordinating adjunct services, court appearances and preparation time, completing forms or reports etc.*
- Late cancelations/Missed Appointment: Initial consultation \$50.00
- Late cancelations/Missed Appointment: All other appointments \$135.00-200.00
- Medical Records Requests \$15.00 per request
- Non-sufficient funds (bounced) check \$25.00
- Declined credit card transaction \$15.00
- Past-due accounts – over 30 days \$25.00 per month

### PAYMENT

You will be expected to pay for either each session in full or your insurance co-pay/deductible (details below). Accepted methods of payment are cash, check, or credit cards. Checks should be made payable to the Mansio Center.

### INSURANCE REIMBURSEMENT

The Mansio Center is an in-network provider with Blue Cross Blue Shield PPO and Blue Cross Blue Shield PPO Blue Choice plans. Some of our therapists are also in-network with select Blue Cross Blue Shield HMO plans.

#### If you have an insurance plan which lists us in-network:

We will file your insurance claims as a courtesy to you. You are responsible for your co-pay, co-insurance or deductible payment at the time of your appointment. Please verify your benefits before the start of your treatment, so that you are fully informed about out-of-pocket costs involved. If your insurance company denies a claim filed on your behalf, we will attempt to verify all the information and re-submit the claim once. If it is denied the second time, we will provide you with reference number(s) for denied claims and a “superbill” (an invoice form required by insurance companies for claim processing) which you can use if you choose to follow up on this claim with your insurance company yourself. If your insurance company denies a claim filed on your behalf, then you are responsible to pay the Mansio Center for the difference between the standard rate and the amount previously paid as copay.

#### If you have any other insurance plan:

We will provide you with an electronic copy of “superbills” (an invoice form required by insurance companies for claim processing) on a monthly basis. You may choose to submit those to your insurance



company for reimbursement. We will not file insurance claims for you. You are responsible for payment of the full session fee at the time of service.

### **CANCELATIONS & MISSED APPOINTMENTS**

Insurance carriers will not pay for late cancelations or missed appointments. Once an appointment is scheduled, that time is reserved specifically for you. Cancelations must be made at least 24 hours in advance. Although 24 hours is the minimum, if you need to cancel or reschedule please give as much notice as possible. You may notify our office of cancelation by phone or email to your provider. Late cancelations (fewer than 24 hours before the appointment), regardless of the reason, will incur a fee equal to the standard 60-min session fee with your provider (reduced to \$50 for the initial consultation appointment only).

### **PAST DUE ACCOUNTS**

Amounts past due by more than 30 days will incur a late fee each month of \$25.00. If your account has not been paid for more than 45 days and arrangements for payment have not been agreed upon, the Mansio Center may resort to legal means to secure payment. This may involve hiring a collection agency, an attorney or going through small claims court. If such legal action is necessary, you will be responsible for those costs.

If your patient responsibility balance becomes greater than \$300.00 at any time, the Mansio Center requires payment agreements be made and followed in order to continue treatment. If at any time it is determined that good faith payments are not being made on any account, the Mansio Center reserves the right to deny services till accounts are paid in full. Not fulfilling financial obligations to the Mansio Center is also grounds for discharge from the practice.

### **CREDIT BALANCES**

If there is a credit balance on your account at any time and you are still receiving treatment please note that the credit will be applied to future fees incurred. Overpayments on accounts will be refunded if no longer receiving services within a period of six months.

### **CREDIT CARD ON FILE**

Upon scheduling your first appointment you will be required to provide credit card information which will be kept on file to be used as a form of payment for fees incurred for co-pays, co-insurance, deductibles, late cancelations, missed appointments, returned checks, past due account balances, or non-covered services as determined by your insurance plan. If you prefer to use checks or cash for payments, please be sure to communicate that to your therapist.

### **BILLING STATEMENTS**

Billing statements are sent out electronically once a month, typically around the 10th of the month for the month prior (e.g. February statements are sent out around the 10th of March). If you need to have a statement before it automatically comes out, please contact our office with your request and we will process it within 3 business days.

### **CONTACT**

If you have any questions about this policy or your account, please contact our Billing Specialist Karla Mason at 1-877-506-2674 ext. 710 or [karla.mason@mansiocenter.com](mailto:karla.mason@mansiocenter.com)