RYTHER

WHERE KIDS FIND HEALING AND HOPE

Agreement To Pay

By signing this document, I agree to pay Ryther (hereunder referred to as Agency) all amounts due or to become due for services provided according to the terms of this agreement. I understand that I am financially responsible for any co-payments, co-insurance, deductible or any charges not covered by my Third Party Payor. I understand that all payments are due and payable at the time of service unless otherwise arranged with Ryther.

If I am unable to pay my bill, I will immediately contact the Billing Department at (206) 507-3692 to arrange a payment plan.

If Ryther does not receive payment, Ryther will bill monthly for the unpaid balance until the balance is paid in full. If you fail to make timely payments and your balance unpaid, Ryther may refer your account to a collection agency.

Insurance Billing

Health insurance coverage is a contract between you and your insurance company. You are responsible for knowing what your insurance will cover before you receive care from Ryther so that you can make informed choices about those services. If you would like to know which codes we routinely use for billing, please reference our Commercial Fee Schedule.

If Ryther is in your health plan's network, we will submit claims to your insurance company for the services you receive from us. Any part of the services not paid by your insurance company will be your responsibility to pay. If your insurance deductible has not been satisfied, you are responsible for the entire cost of your child's services. Ryther may not know for some time how much, if any, of your deductible has been satisfied. As a result, you may be billed by Ryther for services that you thought would be covered by insurance. It is therefore important that you remain aware of how much of your deductible has been satisfied so that you are not surprised by any bills received from Ryther.

Not every insurance plan covers every service. If your insurance does not cover a service and you choose to go forward with the appointments, you are responsible for the full cost of the service.

If you receive more than one service in a day, it may not be covered by your insurance. You will be responsible for the additional out-of-pocket amount if the second service is not covered.

Ryther does not typically accept out-of-network insurance plans. However, if you have an out of network insurance, we can discuss options. Should you wish to submit claims to your insurance company yourself, you can request a superbill from our billing department at (206) 507-3692. If you are paying out of pocket, you are entitled to a Good Faith Estimate regarding what we expect a year's worth of services would cost you.

Sliding Fee Schedule

If there is no third party coverage for services provided by the Agency, charges for services shall be determined by the Agency Fee Schedule. If you need a different rate, you may apply for a sliding scale of charges based upon the total household income and the number of dependents within the household.

Third Party Payor

I understand that I am fully responsible for payments of all services rendered. If services are covered by the Third-Party Payor, Agency will bill the insurance carrier or any other payors as a courtesy when I provide information on my coverage. I will pay

Agency any charges not covered by the Third Party Payor, and I will remit to Agency any payments received from the Third Party Payor in relation to services provided by the Agency. View our Commercial Fee Schedule to see different service costs.

Medicaid

I understand that under most circumstances, my Medicaid coverage will be accepted as full payment for services provided. If my coverage changes or is terminated, I will be held responsible for all charges incurred.

Loss of or Changes to Coverage

With loss of any medical coverage, including Medicaid, I agree that I will be charged for all services based upon the Agency's Fee Schedule and I will be responsible for payment of services unless alternative funding is available. I acknowledge that I am responsible for knowing the limits of my medical coverage.

If you initially agree to self-pay for services, we will not be able to go back later and bill insurance. If you want to stop self-paying and use insurance, please alert our Billing Manager at (206) 507-9035. Please note you may end up needing to pause services or be reassigned to another clinician due to licensure.

Payment at Time of Service

I understand that all payments are due and payable at the time of service.

Overpayments

If we discover through Insurance processing that you have an existing overpayment or credit on your account, you will be refunded any amount you have overpaid. However, if you have current claims in process, we will first apply any overpayment to the patient balance due on those claims before refunding the overpayment to you.

Collection of Past Due Accounts

I understand that unpaid accounts may be sent to collection. I am responsible for any collection agency fees that apply. If I am unable to pay my bill, to avoid referral to a collection agency, I will contact the Billing Department at (206) 507-3692 to arrange a payment plan.

Returned Checks and Declined Credit Cards

If your check is returned to us by your bank as unpaid, or your credit card is declined, we will contact you to resolve payment. Please be prepared to resolve the initial payment as well as the $25 NSF Fee by providing us with your credit card information.

Appointment Cancellations

I agree to pay for any missed services unless the appointment is cancelled at least 48 hours in advance.

Services Not Eligible for Insurance Reimbursement

- Insurance plans outside of Medicaid will not cover telephone or letter writing time. Routine calls less than 10 minutes in length to cancel/reschedule appointments will not be billed.
- A fee of $22.00 per every 15 minutes of telephone or letter writing time for Therapists.

- A fee of $55.00 per every 15 minutes of telephone or letter writing time for Psychiatrists, Psychologists, and ARNPs.
- A fee of $125.00 if the client intentionally leaves an individual therapy visit within the first 15 minutes of starting the appointment ($175.00 if the appointment is with a psychologist).
- A fee of $22.00 per 15 minutes of peer services.
- A fee of $22.00 per 15 minutes of case management with a therapist or $55.00 per 15 minutes of case management with a psychologist.

Lab Billing

I understand that I will be billed separately by Millennium Health for any urinalysis fees.

Release of Information

I authorize the Agency to release any treatment or financial information necessary for payment to any third party, including an employer, insurer, payor, or government health program, who is or may be responsible for payment of all or any part of the Agency's charges. *

Assignment of Benefits

I hereby assign to the Agency any rights to payment or reimbursement by any insurer, payor, plan, or government health program, otherwise payable to subscriber, to the extent of my account. *

Agreements

- My signature on this document will be treated as a contract.
- If the terms of this contract are not met, then the contract will be considered to be in default and my account may be referred to a collection agency, whereupon I agree to pay all costs incurred.
- I agree to contact the Agency if my financial situation changes and to review my fee and payment schedule for possible adjustment.
- My agreement may be reassessed periodically.
- Agency rates are subject to change with a 30-day written notice.
- I acknowledge that I can access a copy of this agreement.