



## Notice of Patient Payment Responsibilities

THIS NOTICE DESCRIBES HOW YOU WILL BE BILLED FOR ANY AMOUNTS NOT COVERED BY YOUR INSURANCE COMPANY. PLEASE READ IT CAREFULLY AND BE SURE TO CONTACT US WITH ANY QUESTIONS.

We appreciate the opportunity to assist you and your child with therapy services.

We will be billing your insurance company for the therapy services we will be providing. Our professional rate is:

- Therapy Sessions- \$90.00 per hour (unit) for therapy.
- Evaluations- \$350.00 each

Please be advised that you will be responsible for any payments up to our billing amount. For example, if your insurance company pays Mariposa Therapy Services \$70.00 per hour for each therapy session, you will then owe us \$20.00 per hour of service.

Many insurance companies also provide for a specific number of therapy visits per contract year. Should you opt to continue therapy services once your visits per insurance contract year have been met, you will then be responsible for payment of the entire session cost.

Please also take into consideration your deductible. If your deductible for the current coverage year has not been met, you may be responsible for the entire session cost until that deductible has been met.

Every insurance policy is different. It is your responsibility to check the specific terms of your policy. If you do have coverage, please be sure you understand possible restrictions may be applicable under your policy. Some examples may include:

- the number of sessions per calendar year
- frequency and duration of services allowable
- coverage only for specific diagnostic codes that.

Please, also be aware of your deductibles and percentage of coverage. Under some policies a medical necessity, as evidenced by a note from your physician, is required.



**We are in-network with Blue Cross Blue Shield and United Healthcare; however, we will bill all private insurance companies. The amount covered will depend on your out-of-network benefits.** Please take the time to contact your insurance provider and confirm your benefits. MTS attempts to work with insurance companies whenever possible as an in-network provider with Blue Cross Blue Shield, and United Healthcare, and an out-of-network provider for others. *This does not mean your insurance company will cover our services.*

Unfortunately, there are times when insurance companies can deny payment of claims, even after initial authorization. This is out of the control of MTS.

Please note, **MTS is NOT an AHCCCS provider.** We are unable to bill any of the AHCCCS plans.

Thank you for taking the time to read and understand MTS's payment responsibilities. Please sign and return the attached acknowledgement of these billing policies at the time of your first appointment. Once received, your therapist can begin providing therapy for your child.

We look forward to partnering with you and your child during the therapy process. Should you have any questions regarding our billing policies and procedures, please contact our billing manager, Lisa LaForest, at [llforest@mariposaspeech.com](mailto:llforest@mariposaspeech.com).



After reviewing the Notice of Patient Payment Responsibilities, please sign and date this page and return it to the office of Mariposa Therapy Services.

I hereby acknowledge that I have been presented with a copy of Mariposa Therapy Services, LLC. Notice of Patient Payment Responsibilities. I have read this notice and understand I may be billed for partial or full payment of the therapy services provided.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Printed name of Parent or Guardian

\_\_\_\_\_  
Printed name of patient

\_\_\_\_\_  
Date