



Behavioral Health and Education Specialists

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BHES Education Services Financial Policy

Welcome to Behavioral Health and Education Specialists (BHES). We have adopted the following financial policy which we require that you read, agree to and sign prior to receiving any educational services from us.

Payment Responsibility:

Since you are the individual seeking services, you are responsible for payment of all charges associated with your visits.

Missed Appointments:

You are responsible to show up on-time for your scheduled appointments. You will be charged half of the full amount for missed appointments. This is your personal responsibility if you do not show up for or cancel your appointment at least 24 hours in advance of the scheduled appointment.

Methods of Payment:

We accept cash, personal checks, Visa, MasterCard, Discover Card and American Express.

Returned Check Fee:

A \$25.00 fee will be charged for any returned checks.

Client Billing:

Clients who have outstanding balances are billed monthly. All balances are due at the time of service, unless other arrangements have been made with, and agreed upon, by BHES. When the account balance has not been paid within 30 days of the office billing date and you have not contacted the office regarding your account, your account may be referred to an independent collection agency. In that case, information that is helpful and/or necessary for collection purposes will be forwarded to our professional collection company. Once an account has been referred to collection, the office will provide additional services to the client or the client's family members **only** if the account is paid in full, or an arrangement has been made for the payment of the balance due. All costs incurred in the collection process shall be added to the original balance due.

Parent/Guardian Financial Agreement

It is the policy of BHES that in the case of separation or divorce, the parent bringing in their child for services is responsible to pay for the services rendered, unless other arrangements have been made with, and agreed upon by, BHES. All applicable charges are included in this policy.

Financial Responsibility:

I, the undersigned, have read, understand and agree that I am personally responsible for the payment of all of the fees to BHES for services rendered. In the event of default, I will pay legal interest, collection costs, and attorney fees in addition to the indebtedness for services rendered.

I, the undersigned, have read, clearly understand and agree to the provisions of this financial policy.

Name: _____ Signature: _____ Date: _____

Thank you for your consideration, we appreciate your patronage