In Network Agreement for Behavior Analysis Services

This agreement is entered on (Date), between COMPANY NAME (PROVIDER) and RESPONSIBLE PARTY) for ABA Services rendered to

(CLIENT) by PROVIDER.

RESPONSIBLE PARTY will be required to provide a Retainer to the PROVIDER in the Amount of $2,000.00 prior to any ABA Services being rendered. The RESPONSIBLE PARTY’s Retainer will be applied toward meeting the CLIENT’S responsibility for any out of pocket, co-pays, and deductible payments that are required to be met by their Insurance company contract for ABA Services. Once the Retainer has been fully depleted, additional Retainers may be required by PROVIDER until the patient’s out of pocket, co-pays, and deductible responsibilities have been fully met for that calendar year. At the end of services or upon discharge, any remaining Retainer funds not used to fulfill RESPONSIBLE PARTY’S obligation to their Insurance contract requirements, and not due to PROVIDER, will be reimbursed back to the RESPONSIBLE PARTY.

The RESPONSIBLE PARTY also agrees to compensate PROVIDER for all ABA Services rendered, and furthermore agrees to be financially responsible for any amounts due following payment to PROVIDER by RESPONSIBLE PARTY’S Insurance Company. The RESPONSIBLE PARTY agrees to compensate the PROVIDER by paying all invoices in full upon receipt for all CLIENT responsibility that the Insurance Company does not reimburse to the PROVIDER.

I, (RESPONSIBLE PARTY [please

print]) have reviewed and understand the terms of this agreement. I understand that I am responsible for payment in full to the PROVIDER at the time the invoice for services is received. I also realize that failure to make payment as stipulated will result in action to facilitate recovery of funds, and will signify that I am choosing to cease ABA Services for the CLIENT.

IN WITNESS WHEREOF, the parties hereto have fully executed this agreement effective the date first above written.

Responsible Party Print Date

Responsible Party Signature CLIENT Name

Date General Manager/Owner

COMPANY NAME

Applied Behavior Analysis Services Description and Rates

|  |  |  |
| --- | --- | --- |
| **Service Type;** |  | **ABA Rates:** |
| Assessment: F*irst hour* |  | $225.00 |
| Assessment: First *Half Quarter Hour Per Day* |  | $32.50 |
| Assessment: *Remaining Quarter Hour(s) Per Day* |  | $32.50 |
| BCBA OR BCaBA Direct 1:1 OR Parent Training WITH Patient Present*: First Quarter Hour Per Day* |  | $47.50 |
| BCBA OR BCaBA Direct 1:1 OR Parent Training WITH Patient Present: *Remaining Quarter Hour(s) Per Day* |  | $47.50 |
| BCBA or BCaBA Parent Training WITHOUT patient present |  | $47.50 |
| BCBA Supervision: *in conjunction with Technician Services: First Quarter Hour per Day* |  | $47.50 |
| BCBA Supervision: *in conjunction with Technician Services: Remaining Quarter Hour(s) Per Day* |  | $47.50 |
| BCBA OR BCaBA Treatment Planning-Ongoing*: First Quarter Hour Per Day* |  | $32.50 |
| BCBA OR BCaBA Treatment Planning-Ongoing*: Remaining Quarter Hour(s) Per Day* |  | $32.50 |
|  |  |  |
| Technician (Behavior Assistant/RBT*): First Quarter Hour Per Day* |  | $18.75 |
| Technician (Behavior Assistant/RBT*): Remaining Quarter Hour(s) Per Day* |  | $18.75 |