

Fee Disclosure & Service Agreement Transparency Policy

Caregiver & Family Notice |
Effective April 1, 2026 | Review Cycle: Annual

1. Purpose

Aspire Behavioral Academy is committed to full transparency regarding the cost of services, insurance billing, and the financial responsibilities of the families we serve. This policy describes how ABA discloses fees, explains financial agreements, communicates changes to those agreements, and ensures that every caregiver and legal guardian has the information needed to make informed decisions about their child's care.

This notice is provided to every family at or before the start of services and is available upon request at any time.

2. Your Rights as a Caregiver or Legal Guardian

You have the right to:

- Receive a clear explanation of all fees before services begin.
- Know your insurance coverage, including co-pays, deductibles, co-insurance, and out-of-pocket maximums.
- Understand whether ABA is in-network or out-of-network with your insurance plan.
- Request a copy of ABA's fee schedule at any time, free of charge.
- Receive advance notice before any changes to your financial obligations take effect.
- Ask questions about your bill or financial agreement at any time without fear of losing services.
- Receive a Good Faith Estimate of expected charges if you are uninsured or if you request one.
- Initiate a dispute resolution process if billed charges are significantly higher than a Good Faith Estimate provided to you.

3. How ABA Discloses Fees

At or before the start of services, every caregiver or legal guardian will receive and review the following:

3a. Financial Responsibility Agreement

This document outlines your specific financial obligations and is signed prior to the first date of service. It includes:

- The ABA services to be provided and their applicable CPT billing codes (e.g., 97153, 97155, 97156, 97158).
- Your insurance carrier and plan, as provided during intake.
- Your cost-sharing responsibilities as communicated by your payer, including:
 - Co-pay amounts per session

- Annual deductible and amount remaining
- Co-insurance percentage (if applicable)
- Out-of-pocket maximum
- ABA's in-network or out-of-network status with your plan.
- An explanation of how and when claims are submitted to your insurance company.
- How you will receive your Explanation of Benefits (EOB) and how to read it.
- Your right to request the fee schedule at any time.

3b. When ABA Bills for Services

ABA of bills for services only after they have been rendered.

We do not charge for services in advance. Claims are submitted to your insurance carrier following each completed session. Any applicable patient responsibility (co-pay, deductible, co-insurance) will be communicated to you after the claim has been processed by your payer.

3c. Fee Schedule

ABA maintains a current fee schedule listing the standard rates for all ABA service codes. You may request a copy of this fee schedule:

- During your initial inquiry or intake consultation.
- At any point during your child's enrollment in services.
- By contacting our administrative office at 508-219-6009 or by visiting our front desk.

The fee schedule is provided in writing, at no cost, within 3 business days of your request. A brief plain-language explanation of each service type and billing code is included to support your understanding.

4. Changes to Your Financial Service Agreement

ABA will notify you in writing and verbally before any change to your financial service agreement takes effect. You will be given advance notice and an opportunity to review and sign an updated Financial Responsibility Agreement when:

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| 1 | A new insurance authorization is required to begin, continue, or expand ABA services. |
| 2 | Your insurance plan year renews and your deductible or out-of-pocket maximum resets. |
| 3 | Your insurance coverage changes (e.g., new plan, new employer, change in benefits). |
| 4 | ABA's network status with your payer changes (e.g., from in-network to out-of-network). |
| 5 | A balance billing or cost-sharing arrangement applies that was not previously disclosed. |
| 6 | Services are being reduced, modified, or discontinued based on a clinical or payer determination. |

- 7** Additional services are recommended that fall outside your current authorization or covered benefits.

You will never be surprised by a change in your financial responsibilities. If you have questions or concerns about a proposed change, please contact our billing team before signing.

5. Good Faith Estimates

ABA of is committed to compliance with the No Surprises Act and applicable Massachusetts consumer protection regulations. Upon request — or automatically when applicable — ABA will provide you with a Good Faith Estimate of expected charges for ABA services.

A Good Faith Estimate will include:

- The expected frequency and duration of ABA services.
- The applicable CPT codes and standard rates.
- Any known cost-sharing responsibilities based on your current coverage.

After each session, ABA submits a claim to your insurance carrier. The typical billing process is as follows:

Step 1	Service is completed and documented by your child's treatment team.
Step 2	ABA submits the claim to your insurance carrier, typically within 5–10 business days of the session.
Step 3	Your insurance carrier processes the claim and sends an Explanation of Benefits (EOB) to you and to ABA.
Step 4	ABA reviews the EOB. If patient responsibility (co-pay, deductible, co-insurance) is indicated, a statement is generated for your account.
Step 5	You receive a statement from ABA reflecting the amount owed after insurance processing. Payment is due within 30 days of the statement date unless a payment plan has been arranged.

7. Questions & Contact

Our team is here to help. If you have any questions about your bill, your financial agreement, your insurance coverage, or any fees associated with your child's services, please reach out:

By Phone 508-219-6009 <i>Mon–Fri, 9 AM–5 PM</i>	In Person 44 Bearfoot Road, Suite 200 Northborough, MA 01532	Online aspirebehavioralacademy.com
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8. Caregiver Acknowledgment & Signature

By signing below, I confirm that:

- I have received, read, and had the opportunity to ask questions about this Fee Disclosure & Service Agreement Transparency Policy.
- I understand my rights regarding fee disclosure, financial responsibility, and advance notice of changes.
- I understand that I may request a copy of ABA's fee schedule at any time.
- I understand ABA's billing process and when services will be billed.
- I authorize ABA to bill my insurance carrier on behalf of my family for ABA services provided.

Caregiver/Legal Guardian Signature

Date

Printed Name

Relationship to Client

Client Name (if 18+)

Date of Birth

ABA— Commitment to Families

We believe that financial transparency is a cornerstone of trust. If at any point you have a concern about a bill, a fee, or your financial agreement, please come to us first. We are committed to resolving questions promptly, respectfully, and in a manner that supports your family's access to quality ABA services.