



THE FAST TRACK
TO BETTER
BEHAVIOR



ADVANCED BENEFICARY NOTICE

Your insurance company prohibits Albert Knapp & Associates (AKA) to charge for services that they determine are not medically necessary unless the covered individual specifically agrees in advance to financial responsibility, with the specific knowledge that their insurance company has already determined the service not to be medically necessary.

To satisfy this requirement, AKA requires the financially responsible individual who is authorizing services to execute this Advanced Beneficiary Notice prior to service delivery.

Insurance Company

Name: _____

Client

Name: _____ DOB: _____

I understand that AKA will not charge for services determined to be medically unnecessary unless I specifically agree to pay for such services in advance and with specific knowledge that my insurance company determined that the services are not medically necessary. Additionally, I agree not to seek reimbursement from the insurance company, and understand that AKA will not provide a Superbill for the services the insurance company has determined to be medically unnecessary.

By signing below, I agree to pay AKA on the date of service for services rendered. I understand that the AKA private-pay fee structure is outlined in the Informed Consent, and that that my insurance company has determined these services are not medically necessary. I understand that I am financially responsible for payment to AKA even though these services may not be shown to be my financial responsibility on my Explanation of Benefits (EOB). This agreement is not able to be revoked by the client, and failure to pay for services as agreed upon authorizes AKA to charge the credit card on file and/or seek reimbursement through a collection agency.

Printed Name: _____ Relation to Client: _____

Signature: _____ Date: _____