

MISSION STATEMENT

While providing quality service, *Reliable Mental Health Billing Services* intends to maximize the efficiency of the collection process by:

- *increasing your collection ratio*
- *decreasing claim rejection rate*
- *monthly furnish to Provider easy to understand Practice Analysis Reports*
- *monthly furnish to Provider Authorization Status Report showing how many sessions you've used of how many sessions authorized for each client*

SERVICE AGREEMENT

A. Responsibilities of *Reliable MH Billing Services* include:

1. Insurance benefits will be verified at the beginning of treatment.
2. Client visits and payments made, will be entered twice monthly from information received from Provider's office.
3. Insurance claims will be processed electronically twice monthly.
4. Client statements will be processed on a monthly basis for those clients with a balance.
5. Financial reports for the Provider will be processed on a monthly basis.
6. *Reliable MH Billing* will track insurance claims and authorizations, and follow-up on all unpaid claims.
7. Maintaining online user accounts and attesting to your information for each of the insurance companies.
8. Credentialing/Contracting is available at an extra charge. Please let us know if you are interested in these services.

B. Responsibilities of Provider:

1. Twice monthly, provide information on client visits and new clients, as well as new or updated insurance information, and authorization letters from insurance companies.
2. Twice monthly, provide information on payments (insurance & client) made to Provider.

C. General Conditions:

1. Monthly fees are due 10 days after Provider receives invoice.
2. A late fee of \$15 will be added to monthly dues if payment is not received within 10 days.
3. *Reliable MH Billing* charges a one-time set-up fee of \$125.
4. *Reliable MH Billing* charges a fee of 8% for revenue collected from our billing.
5. *Reliable MH Billing* charges a fee of 2% to track revenue not collected from our billing (client payments collected by the provider that *Reliable MH Billing* did not bill).
6. Termination: 60 days written notice of termination is required by either Provider or *Reliable MH Billing Services*.
7. *Reliable MH Billing Services* is not responsible for the accuracy of the information provided by Provider.
8. This agreement is the sole binding agreement between Provider and *Reliable MH Billing Services*. Any modifications shall be in writing. The laws of the State of California shall govern this agreement.
9. Upon acceptance of this agreement, Provider authorizes *Reliable MH Billing Services* to act as Provider's representative for billing and insurance related forms.

ACCEPTANCE

I do hereby agree to the terms of this agreement:

Print Provider Name

Group/Organization Name

Provider's Signature

Title

Date

Julie A. Hulstine, *Reliable MH Billing Services* – Owner Date