



# **BABY BEAR** cranial clinic

2535 Northern Road, Suite B  
Appleton, WI 54914  
P: 920.257.4902 F: 949.561.4308  
E: [cassie@babybearcranialclinic.com](mailto:cassie@babybearcranialclinic.com)

Thank you for choosing Baby Bear Cranial Clinic as your cranial specialist. We are committed to your baby's treatment being as successful as possible. Please know that we are as transparent as possible with our billing and payment options and payment of your bills is considered part of your treatment plan.

**PLEASE ATTACH A PICTURE OF YOUR INSURANCE CARD WHEN ASKED IN YOUR INTAKE DOCUMENTS-** this allows us to check benefits ahead of time and get an estimated patient responsibility should you decide to proceed with treatment.

## **Patient processing through Insurance**

**Once a copy of your insurance cards is received,** our office will contact your insurance to obtain your child's eligibility and benefits information and determine, to our best ability, the remaining patient responsibility.

This estimated patient responsibility will be due prior to ordering the Cranial Remolding Orthosis.

If in-network, we will submit your insurance claim and process it. Cranial Remolding Orthoses often require prior authorization. This cannot be completed until after we have seen your baby and collected data.

Co-pays, Co-insurance, and deductibles are due at or before the time of delivery. A Good Faith Estimate for the amount of the Cranial Remolding Treatment will be provided.

The estimated payment amount is due either: 1.) In full at the time of ordering or delivery, or 2.) Divided between: the date the helmet is ordered (minimum deposit of \$655.00), the date the helmet is delivered, and up to 60 days after delivery.

**If insurance deems our service to be non-covered you will be responsible for the complete charge.**

**If Out-of-Network you will be required to submit the claim independently. This will be discussed prior to ordering the helmet.**

## **Private-Pay option**

Usual and customary billing amount: \$5000.00



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A Private-Pay Discount of 50% is applied when families choose to omit any insurance authorization or processing, bringing this cost to \$2500.

A \$655 deposit down is required for Private-Pay prior to the cranial remolding orthosis being ordered.

A Good Faith Estimate for the amount of the Cranial Remolding Treatment will be provided. The estimated payment amount is due either: 1.) In full at the time of ordering or delivery, or 2.) Divided between: the date the helmet is ordered (minimum deposit of \$655.00), the date the helmet is delivered, and up to 60 days after delivery.

## **Good Faith Estimate**

Effective January 1, 2022, a ruling went into effect called the “No Surprises Act,” which requires health practitioners to provide a “Good Faith Estimate” (GFE) about out-of-network care to any patient who is uninsured or who is insured but does not plan to use their insurance benefits to pay for health care items and/ or services.

The Good Faith Estimate works to show the cost of items and services that are reasonably expected for your medical health care needs for an item or service. The estimate is based on information known at the time the estimate was created. The Good Faith Estimate does not include any unknown or unexpected costs that may arise during treatment. You are entitled to receive this “Good Faith Estimate” of what the charges could be for DME services provided to you. This estimate is not a contract and does not obligate you to obtain any services from the provider(s) listed, nor does it include any services rendered to you that are not identified here.

For questions or more information about your right to a Good Faith Estimate or the dispute process, visit [www.cms.gov/nosurprises/consumers](http://www.cms.gov/nosurprises/consumers), email [FederalPPDRQuestions@cms.hhs.gov](mailto:FederalPPDRQuestions@cms.hhs.gov), or call 1-800-985-3059.

## **Additional Information- ALL PATIENTS**

Payments can be made by cash, check, or credit card.  
If a payment plan is arranged, a credit card must be on file.



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Returned checks will have a \$45 fee applied. Future payment will require payment by cash or credit card.

Medical records are free upon request up to 25 pages. A fee of \$1.00 per page beyond 25 pages. Payment is due upon pick up.

**Canceled Orders:** The devices we make are custom in nature. Once ordered they cannot be returned or refunded. Once a Cranial Helmet is ordered you are responsible for the payment of the device regardless of treatment outcomes. There is a 14-day timeframe from the time of ordering the helmet to the time of fit. which is regulated by the FDA. If an appointment is canceled, re-scheduled, or "no-showed" causing the delivery date to exceed the 14-day fitting window, the patient will be responsible for 50% of the cost of the device regardless of if the device is not delivered.

**Follow-ups that do not result in a cranial remolding helmet** will be billed at \$75.00 per appointment. Because we are only able to bill for DME, this does not qualify for insurance coverage.

Please feel free to discuss any questions or concerns.

I have read and fully understand the policies of this office regarding payments and insurance. I agree to pay for services not covered by my insurance plan. I understand that I am responsible for following my insurance plan's regulations, policies, and procedures.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_