



Bright Horizons Advocacy & Consulting, LLC

Billing Policy & Financial FAQ's

6020 W. Bancroft St. #351414
Toledo, OH 43635

Update as of 1/1/2017

Bright Horizons is committed to providing quality services at affordable rates.

Bright Horizons now requires all clients to provide us with a deposit and payment method at time of intake. We are asking all of our present clients to provide this information as well, in order to continue services.

We know how tough it is to run a household, as we all have our own families and bills, as well as administrative expenses. We do not have adequate subsidy to cover all of our expenses and therefore we are unable to write off our clients' unpaid bills, or allow clients to pay us on an irregular basis. Please see the Q & A below for more information on our finances. Thank you for your understanding and your prompt payment. We thank you for allowing us to continue to provide all of our clients the best advocacy services we can offer.

Q: Is Bright Horizons a non-profit?

A: Yes, but that does not mean we have enough funding to offer free services to all. In keeping with non-profit principles, we do not focus on make a profit, but rather keeping our services going.

1. Our operating budget is less than \$97,000 for 4 staff and administrative expenses.
2. Our administrative expenses are 10% of our budget.
3. We have an advisory board of diverse community partners.
4. We offer a sliding fee scale to families within 50 miles, and a modified sliding fee scale over 50 miles.
5. All of our staff are directly involved in client services and operational functions as a team.

Q. What about the grants you receive?

A: Currently, the United Way of Greater Toledo helps to subsidize our sliding fee scale. This represents approximately 28% of our operational budget.

Q: How can I encourage others to support the advocacy work that Bright Horizons does and to help keep rates reasonable?

A: Please share your experiences with our work and refer them to the Donate page on our website, which will link them to detailed service and financial information. They may also specify Bright Horizons on the United Way donation form.

Q: I would like to support a specific client or type of disability. Is there a way to designate who would receive my donation?

A: You may specify on the Donate page on our website, who you would like to sponsor. Your donation will be applied to their invoices until December 31st. Remaining funds will go to help support the sliding fee scale.



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Our standard hourly rate is \$65.00, billed in 15 minute increments. The first half hour of phone, email, or in person consultation around the time of intake is free, as is time with our intake specialist clarifying your initial needs and billing preferences. The hourly rate is determined on a sliding fee scale based on where clients live, the adjusted gross household income, as well as current availability of subsidy funds. Income must be verified with either the summary page of the most current tax return or most recent pay stubs and benefit statements. Bright Horizons will deduct unreimbursed, out of pocket disability related expenses for the disabled client before determining hourly rates, if receipts are provided.

Clients who do not wish to provide this information will pay the full hourly rate of \$65.

Clients must make a deposit of their 1 hour rate at time of intake. This deposit will be credited to their first service invoice. Clients will be provided by email with monthly invoices, showing how many hours have been used. We accept all major credit and debit cards. Bright Horizons will charge the payment method on file each month for 1 hour at the client's hourly rate, until the balance is paid in full.

Calculation of Payments

For example, if a client's sliding fee hourly rate is \$45, and the invoice is for \$135.00, Bright Horizons will charge 3 monthly payments of \$45. Clients may pay in full or request a higher monthly payment at any time.

Sliding Fee Scale

Bright Horizons' sliding fee scale is supported in part through funding by the United Way of Greater Toledo. We appreciate their support! This is subject to change depending on the current availability of subsidy funds. The sliding fee scale is available for clients who live within 50 miles of 6020 West Bancroft Street in Toledo, OH. For families who wish to use our services over the 50 mile radius, please see modified scale.

Within 50 Mile Sliding Fee Scale

1 Person - \$0-\$17,820 = \$15/hour	4 People - \$0-\$36,450 = \$15/hour
1 Person - \$17,821-\$29,700 = \$30/hour	4 People - \$36,451-\$60,750 = \$30/hour
1 Person - \$29,701-\$59,400 = \$45/hour	4 People - \$60,751-\$121,500 = \$45/hour
1 Person > \$59,401 = \$65/hour	4 People > \$121,501 = \$65/hour
2 People - \$0-\$24,030 = \$15/hour	5 People - \$0-\$42,660 = \$15/hour
2 People - \$24,031-\$40,050 = \$30/hour	5 People - \$42,661-\$71,100 = \$30/hour
2 People - \$40,051-\$80,100 = \$45/hour	5 People - \$71,101-\$142,200 = \$45/hour
2 People > \$80,101 = \$65/hour	5 People > \$142,201 = \$65/hour
3 People - \$0-\$30,240 = \$15/hour	6 People - \$0-\$48,870 = \$15/hour
3 People - \$30,241-\$50,400 = \$30/hour	6 people - \$48,871-\$81,450 = \$30/hour
3 People - \$50,401-\$100,800 = \$45/hour	6 People - \$81,451-\$162,900 = \$45/hour
3 People > \$100,801 = \$65/hour	6 People > \$162,901 = \$65/hour



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Outside of 50 Mile Sliding Fee Scale (Modified Scale)

1 Person - \$0-\$29,700 = \$45/hour	4 People - \$0-\$60,750 = \$45/hour
1 Person > \$29,701 = \$65/hour	4 People > \$60,751 = \$65/hour
2 People - \$0-\$40,050 = \$45/hour	5 People - \$0-\$71,100 = \$45/hour
2 People > \$40,051 = \$65/hour	5 People > \$71,101 = \$65/hour
3 People - \$0-\$50,400 = \$45/hour	6 people - \$0-\$81,450 = \$45/hour
3 People > \$50,401 = \$65/hour	6 people > \$81,451 = \$65/hour

Third Party Payments

Bright Horizons also accepts payment from third party agencies if you are eligible for financial assistance through an agency such as your county Board of Developmental Disabilities, Wraparound, or County Mental Health Board. Third party billing is billed at the \$65 an hour rate and you must provide Bright Horizons with verification from the agency that you have funds available at time of intake. Depending on the number of hours of service you need per year (our customer average is 5), allowing us to bill a third party may significantly reduce, or even eliminate, out of pocket costs to you.



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Confidential Payment Method

Please print and complete pages 4 and 5. Your completed Billing Policy form can then be faxed or emailed to us. Thank you, Bright Horizons.

Please select the hourly billing rate options for which you qualify.

Type the information in the underlined area.

There are _____ people in my household, located within the 50 Mile radius, with an income of \$ _____, which will be a rate of \$ _____ an hour.

___ I live outside of the 50 Mile radius, and am below 250% of the Federal Poverty Level, and my rate is \$45 an hour.

___ I live outside of the 50 Mile radius, and am above 250% of the Federal Poverty Level, and my rate will be \$65 an hour.

___ I qualify for third party agency funds from: _____, my caseworker is: _____. I authorize Bright Horizons to bill at the rate of \$65 an hour and to use my available funds up to \$ _____. I understand that if third party funds are exhausted or unavailable, Bright Horizons will bill me the appropriate sliding fee scale rate.

___ I do not qualify for the sliding fee scale and my rate will be \$65 an hour.

Thank you for selecting your payment option, and completing your automatic method of payment.



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Debit or Credit Card Authorization Form

Please complete the Debit or Credit Card information section below. All requested information is required. We will automatically bill your debit or credit card the amount indicated by Bright Horizons billing policy. You may choose from an automatic monthly payment plan or pay your balance in full. We will email you monthly receipts for your records. You may cancel this automatic monthly payment plan at any time by paying the remaining balance in full. Thank you for your payment.

Client Information (Please type or print information in the underlined area.)

Cardholder's Name (as shown on account) _____

Client's Name: _____

Email Address: _____ Phone Number: _____

Address _____

Payment Information

I authorize Bright Horizons Advocacy & Consulting, LLC to automatically charge my debit or credit card for the following:

Please charge my automatic recurring monthly amount of \$ _____.

(Minimum payment = hourly service rate of 1 hour till \$0 balance)

OR

Please pay my balance in full each month _____.

Date of month to charge account _____. (Charge will be within same week as date chosen.)

Debit or Credit Information

Card Type - Discover _____ Mastercard _____ Visa _____ American Express _____

Card Number : _____

Expiration Date : _____ Security Code (3 digits on back) : _____

Signature: _____ Initials: _____

Please print and complete pages 4 and 5. Your completed Billing Policy form can then be faxed or emailed to us. Thank you, Bright Horizons.