



PAYMENT POLICY ACKNOWLEDGEMENT

We are committed to providing you with the best possible care. Our fees reflect our professional commitment to excellence. In order to achieve these goals we need your assistance and your understanding of our payment policy.

We are established as a participating provider with most major insurance companies. Our billing department works closely with insurance companies to determine eligibility and coverage, and will bill your insurance company directly for our services. We will gladly discuss your insurance benefits and answer any questions you may have as to the involvement of your insurance in receiving this care. If there is no insurance coverage, we will work with you to arrange payment options.

Please be aware of the following important information:

- Any parent/guardian requesting services for a minor/dependent is legally responsible for the payment of all services received.
- Your insurance benefit program is a contract between you, your employer, and the insurance company.
- Not all therapy services are a covered benefit in all contracts. You (not the insurance company) are responsible for all charges for services rendered.
- Our fees generally, but not necessarily, fall within the usual and customary fee structure.

Payment Policy

- **Insured Patients:** payment of your estimated "out-of-pocket" cost is due in full by cash or check at the time of treatment. Accounts will be reconciled upon receipt of insurance payment(s). Any remaining balances will be billed directly to you, and any overpayment will be refunded as appropriate.
- **Self Pay Patients:** payment is due in full by cash or check at the time of treatment
- **Payment Plan:** upon request, a pre-approved payment plan may be implemented prior to first scheduled visit

Past Due Accounts: Designated payment is due at the time of treatment unless special arrangements have been made. If payment is not received within 5 business days, a \$10.00 late fee will be applied. All future scheduled appointments will be suspended until account is paid in full.

Returned Check Fee: A fee of \$35.00 will be charged for a returned check.

Cancellation Policy: To maintain appointment times available for all our patients, there is a charge of \$30.00 for each instance a patient does not show for a scheduled appointment or does not give at least 24-hour cancellation notice.

We appreciate the opportunity to serve you and thank you for your understanding.

Signature of Responsible Party

Date