

PAYMENT POLICY

This is to notify you of Connect The Dots Pediatric Therapy, Inc. office policy for payment and collection of payment. Please read and if you have questions please discuss with the Front Desk or our office manager.

Parents/guardians are responsible for all charges resulting from treatment provided by Connect The Dots Pediatric Therapy, Inc.

Cancellations and Missed Appointments Policy

A 24 hour notice is required for all cancellations. This policy is in place out of respect for our therapists and our clients. Cancellations with less than a 24 hour notice are difficult to fill. By giving last minute notice or no notice at all, you prevent someone else from being able to schedule into that time slot. No-shows may result in a \$50 charge per missed visit to your child's account. Please note that missed appointments cannot be billed to insurance.

Primary/Secondary Insurance Billing

As a courtesy, we will bill most insurance carriers directly. It is your responsibility to provide correct information for billing your insurance. A copy of your current insurance card is required at your first visit. It is your responsibility to notify this clinic immediately if your insurance coverage changes. Patients are requested to determine benefits prior to their appointment. Co-payments, co-insurance and deductible payments are due at the time of service.

Deductibles

Families with large deductibles will be offered the opportunity to make payments toward their deductible at each visit at a rate of \$100 for evaluations and \$75 for each treatment visit. These payments will help to reduce the impact after claims are processed by insurance, and result in lower statement balances.

Outstanding Accounts

When an account is 90 days overdue, we cannot continue to provide additional services, until a payment plan has been arranged with our billing office. Checks returned for non-sufficient funds (NSF), closed accounts or other problems are subject to a \$30 service fee and any other charges incurred by Connect the Dots. Accounts subject to collection activity may be charged a 20% collection fee.

We encourage families to place a credit or debit card on file in our secured Electronic Health Record system for easy copay, coinsurance, deductible and balance payments.

Non Covered Services

If I choose to obtain the services listed below and they are not covered by my insurance, I agree to be financially responsible for any and all related charges.

I have read and received a copy of the Payment Policy for Connect The Dots Pediatric Therapy, Inc. My signature below indicates that I understand this policy and that I agree to pay amounts due for services received. I have received a copy of the Privacy Practices.

Services Provided For: _____
(Patient's Name)

Responsible Party's Signature: _____

Print Responsible Party's Name: _____ Date: _____