



Financial Policy

Child's Name _____ Date of Birth _____

We are committed to providing you with the best possible care. If you have medical insurance, we will do our best to help you receive the maximum allowable benefits. In order to achieve this, we need your assistance and understanding of our financial policy.

Uninsured - Payment for services is due at the time services are rendered, unless arrangements have been made in advance. We accept cash, check, MasterCard, Visa, or Discover. Please be prepared to pay your co-pay at the time of service. As a courtesy to you, we will balance bill your deductible and/or co-insurance.

Insurance - We participate with some insurance companies. We will gladly submit claims to your insurance company. Not all services are covered by all insurance companies. These particular services, if any, are your responsibility. **Please note: Insurance companies may indicate that services provided are not medically necessary and claim that because Backyard TreeHouse Pediatric Therapy Center, P.C. is a participating provider, you do not have to pay the balance. This is NOT the case and you will be billed for the services.** If for any reason, any portion of your bill is not paid by your insurance within 60 days from the date of service, you agree to make arrangements for prompt payment.

Divorced/Separated Parents of Minor Children - The parent who consents to the treatment of a minor child is responsible for payment for any and all services rendered.

Checks returned for insufficient funds will be charged \$30.00 which will be due at the next visit.

Our relationship is with you, not your insurance company. We realize that temporary financial problems may affect timely payment of your account. If such problems do arise, we encourage you to contact us promptly for assistance in the management of your account.

Unpaid balances longer than 90 days from date of service can result in termination of therapy services and/or sent through our collection process.

Much of this can be avoided by knowing your policy and following up on your claims. The bills are ultimately your responsibility. Backyard TreeHouse Pediatric Therapy Center, P.C. is only required, once treatment is provided, to give you the information to get reimbursed from your insurance company. Submitting the claims is not our responsibility, but a benefit to you.

I hereby understand the above financial policy and agree to abide by it.

Signature of Parent/Legal Guardian

Date

Printed Name of Parent/Legal Guardian