



## FINANCIAL POLICIES

**Please contact your insurance company prior to your first appointment to determine your coverage.** Due to the amount of insurance companies it is impossible for us to know what your insurance company covers and what it does not cover. It is **your** responsibility to know what is covered and what is not. Procedure codes will be provided if need be.

A current doctor's prescription for an evaluation and for services will be needed. If your insurance company requires a referral for therapy, it is your responsibility to provide one BEFORE your first visit. You will not be seen if the referral has not been approved.

Your insurance will be billed. You are responsible for all co-pays, co-insurances and deductibles.

We know that benefits can change, so please inform us of any changes that occur as soon as possible. Additionally, it is important to let us know right away if your insurance company changes. Often insurance companies require pre-approval or authorization and these take time to obtain; many do not back-date authorizations, so you may be responsible for the bill if Thera-Peds is not notified in a timely manner.

Interest fees may be applied to patient accounts exceeding 30 days past due. A fee of \$25.00 will be charged for any returned check.

Private pay patients or for those patients who have exceeded their insurance benefits are expected to pay their balance in full at the time of service. Payment arrangements may be made if necessary.

The parent/caregiver accompanying the minor is responsible for payment at the time of service.

**I have read and understand this policy.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Patient Name