Pediatric Physical & Occupational Therapy, PPLC

Thank you for choosing our practice. We are dedicated to providing the best physical therapy care for your child, and we want you to completely understand our financial and cancellation policies.

CANCELLATION OF APPOINTMENT

The frequency and duration of physical and/or occupational therapy recommended for your child is the amount of therapy required to achieve his/her goals. Continued absences and missed appointments will only slow down your child's progress. Please schedule a make-up session in the event of a cancellation or an absence due to illness or vacation.

Your appointment time has been reserved especially for your child. If you cannot keep your appointment **please call at least 24 hours prior to your appointment time.** If you do not come for your appointment time or cancel with less than 24 hours notice, a fee of $25 will be charged to your account. Subsequent missed appointments will be charged the full session rate. You will be responsible for this charge. It is NOT covered by your insurance plan. Future appointments will not be scheduled until this fee is paid.

Continued absences Multiple cancellations within a month may result in losing your scheduled time slot, which will be given to somebody else who is on our waiting list. At that time you will have the opportunity to schedule your appointments in whatever time slots are available. If there are more than 3 cancellations in a month we will need to discuss your goals and whether therapy should continue.

FINANCIAL POLICY

Payment for service is due in full at the time of service, including co-insurance, co-pays and deductibles. We accept cash, personal checks and credit cards (VISA, Mastercard, Discover, American Express). All clients must leave a credit card on file, see our credit card agreement for further information.

It is your responsibility to notify us immediately of any changes in your insurance coverage or carriers. Please understand that it is ultimately your responsibility for payment of services. Processing insurance claims is not a guarantee of payment. It is also your responsibility to be aware of the individual policy restrictions and guidelines. If your insurance company does not cover the entire balance, you are responsible for the remaining amount; annual deductible, co-payment and coinsurance.

If there is a balance due, then payment is due within 30 days of being notified. If the balance is not paid within 30 days of notification, your account will be assessed with a $20 administrative fee monthly. After a balance has reached 90 days past due, we will start the process to turn your account over to an outside collection agency for further action. You will be responsible for any charges incurred in such action.

If a check is returned to the office for any reason, the original check amount plus a $30 returned check fee must be received within 30 days from the date the check was returned to avoid further late fees or collections action.

Your signature below signifies that you understand our policies and your responsibility regarding charges incurred in this office. A copy of this agreement is available upon request.

Child's Name:_______________________________

Signature:____ Date: ____________________

(Parent or Guardian)