

CENTER FOR PEDIATRIC THERAPY

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Occupational Therapy
Physical Therapy
Speech Pathology

FINANCIAL & CANCELLATION POLICIES

Thank you for choosing Center for Pediatric Therapy for your therapy needs. We are committed to provide high quality, cost effective care while meeting your child's needs. Your understanding of our policies are important to our professional relationship. The following are our Financial & Cancellation Policies, which we require you to read and sign prior to any treatment. If you have any questions about our fees, policies or your responsibility, please ask.

INSURANCE

**Insurance is a contract between you and your insurance company.
You are responsible for the timely payment of your account and
notifying the Center of any changes to your insurance.**

The Center for Pediatric Therapy accepts reimbursement for its services by means of assignment of patients' insurance benefits or in currency (check or cash). Co-payment, if applicable, deductibles and co-insurance is payable at each visit. The Center for Pediatric Therapy maintains an office policy to bill your insurance as a courtesy to you. Once the carrier is billed, we will set aside the portion of the balance estimated to be paid by your insurance carrier for 60 days. We require that your estimated share be paid at the time the services are rendered. If your insurance carrier does not remit payment within 60 days, the balance will be due in full from you at that time. We will not become involved in disputes between you and your insurance company regarding deductibles, co-payments or covered charges other than to supply factual information as necessary.

Center for Pediatric Therapy will obtain verification of insurance. Please be advised, an authorization for services does not guarantee payment of services rendered until an actual claim is received. If your insurance company will not cover the incurred charges, payment is due upon receipt of services. If a patient's case must be reviewed by the insurance company to determine if therapy services are covered, and such review takes longer than 60 days, payment will be expected from you prior to the commencement of treatment, or treatment may be postponed until the insurance determination is made.

CANCELLATION

Due to the highly scheduled nature of an outpatient therapy office, any cancellation should be made at least 24 hours in advance, if possible. In cases of emergency or illness, please call as soon as you know the necessity for cancellation. When the contract therapist is present for a scheduled appointment and there is no cancellation call or you call at or after appointment time, The Center for Pediatric Therapy will bill you a \$25.00 Fee for the missed therapy session. If a patient has two consecutive uncanceled or no show therapy sessions he/she will lose their appointment time.

CONSENT FOR THERAPY EVALUATION AND TREATMENT

I authorize Center for Pediatric Therapy to provide appropriate evaluation and treatment as needed.

Thank you for your careful review of our Financial & Cancellation Policies. Please let us know if you have any questions or concerns.

Signature _____

Date _____