



Payment Policy: Insurance Billing

Thank you for choosing Pediatric Therapy Partners for your therapy needs. This is an agreement between Pediatric Therapy Partners and you for payment of services provided. By signing this agreement you are agreeing to pay for all services provided to you or your family member. We are currently providers with BCBS PPO, Aetna PPO, Cigna PPO (OT and PT only), Tricare, Humana PPO. We anticipate becoming providers for United Health Care PPO in early 2016.

Please read the following information carefully:

If you want Pediatric Therapy Partners to bill your insurance for evaluation and treatment you need to:

- Check with your insurance company before your first visit to find out what services they will pay for
- Bring your insurance card and information to your first visit
- Let your therapist know if your insurance changes
- Pay all co-pays, deductibles, and non-covered services
- Provide credit card information
 - You will be billed when your insurance Explanation of Benefits (EOB) is received

If you do not have insurance:

- Payment is due at the time of service. We accept cash, checks, or major credit cards.

Patient's name (printed)

I agree to the payment policies outlined above.

Parent/caregiver signature

Date

Treatment Authorization/Cancellation Policy

I agree to allow Pediatric Therapy Partners to render appropriate therapy services to my child. I understand that care will be provided by an appropriately licensed and trained health care professional. If you need to cancel an appointment a minimum notice of 24 hours is required. Should you 'no show' 3 or more scheduled appointments your child may be discharged.

Patient's name (printed)

Date

Parent/caregiver name (printed)

Parent/caregiver signature