



Growth through occupational therapy.

PAYMENT POLICY

We are committed to providing you with the best possible care. The following information is designed to help guide you through the rapidly changing world of occupational therapy and insurance plans. **Please read carefully and sign at the bottom, acknowledging your understanding and acceptance of our policies and procedures.**

If you have insurance with occupational therapy coverage, we can provide you with a suitable receipt to submit to your insurance company, or, as a courtesy, we can submit the claim for you.

PAYMENT IS DUE WITHIN 15 DAYS OF RECEIVING THE INVOICE FROM PEDIATRIC THERAPY SOLUTIONS, UNLESS PAYMENT ARRANGEMENTS HAVE BEEN MADE IN ADVANCE.

PLEASE UNDERSTAND:

1. Your insurance is a contract between yourself, your employer, and the insurance company. We are not included in this contract.
2. Not all services are covered by all insurance policies. Some companies select certain occupational therapy services that they will not cover. It would be in your best interest to thoroughly familiarize yourself with your specific occupational therapy coverage prior to committing to using our services. **PEDIATRIC THERAPY DOES NOT CHECK YOUR ELIGIBILITY, BENEFITS, OR PRE-AUTHORIZATION REQUIREMENTS; THIS IS YOUR RESPONSIBILITY, SO PLEASE BE AWARE OF YOUR BENEFITS.**
3. In addition to your co-pay or co-insurance (as determined by you and your insurance company), you will likely need to meet the deductible amount that you chose when signing up for your specific plan. Please make sure to contact your insurance company to verify if your deductible amount has been met for the year or if any deductible amount remains on your plan.
4. You will receive an "Explanation of Benefits" letter (EOB) from your insurance company following your visit. That letter will explain in detail what insurance benefit(s) they have provided to you, and they may include: the discounted charges for being a part of their insurance network, how much they paid on your behalf, and how much you still owe for the visit.
3. The "Usual and Customary Charges" that may be quoted by your insurance company are charges that have been determined and set by your company. For in-network services we honor the rates/charges for services your insurance company determines. For out-of-network services, the "Usual and Customary Charges" do not necessarily reflect Pediatric Therapy Solutions' fees, and we are not required to abide by the rates/charges.

We emphasize that, as health care providers, **our relationship is with you**, not your insurance company. While filing insurance claims for our client is a courtesy that we gladly extend, **ALL CHARGES ARE YOUR RESPONSIBILITY FROM THE DATE SERVICE IS RENDERED.**



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PATIENT FINANCIAL RESPONSIBILITY AGREEMENT

Thank you for choosing Pediatric Therapy Solutions (PTS) as your occupational therapy provider. This agreement sets forth your financial obligations for all of the services your child receives from PTS.

FINANCIAL RESPONSIBILITY

Evaluation - \$230.77/hour

Single Treatment Session - \$153.84/hour

Services are billed in 15-minute increments.

In the event that that you do not have insurance or you do not want us to bill your insurance we will offer a discount for services. The cash price for an evaluation is \$150/hour and treatment sessions are \$100/hour. All services are billed in 15 minute increments. If you have requested we bill your insurance and your insurance does not cover therapy, we are not obligated to provide you the cash discount.

You acknowledge and agree that you are personally responsible to PTS for the full payment of all services your child receives from PTS.

If requested, PTS will submit a claim to your primary insurance for all services it provides to your child. However, if PTS does not receive payment within 90 days of submission or your insurance notifies PTS that the services provided are not covered under your insurance plan (e.g. the services were not included in your benefits, were not pre-authorized or were not medically necessary), you agree to pay PTS the outstanding balance for the services. PTS will then bill you for the amount due.

You will receive your invoices by email. You will need to open the link from your email to see the details of the invoice. Please add donotreply@intuit.com to your email address book to ensure you will receive your invoices. Failure to keep your balance current can result in a discontinuation of services. Payments by check can be mailed to Pediatric Therapy Solutions billing office at 1215 W. Barrow Drive, Chandler, AZ 85224. Payments by credit card can be made through our website at pediatrictherapy.solutions. You do not need a PayPal account to use this feature; just click [Don't have a PayPal account](#) to enter your account information manually. We can also take your credit card by phone or you can fill out and return the attached form and we can process recurring payments for you. If you would like to pay by phone, please call our billing department at 480-577-1734 or contact our office manager at 623-337-7785 or pedtherapysolutions@gmail.com.

We do realize there are times that a temporary financial issue may affect the promptness of payment on your account. In such cases, PLEASE contact us for assistance so that we may be able to set up payment options for you. If you ever have any questions, feel free to ask. For any questions regarding this information, please contact our billing specialist at pedtherapybilling@cox.net.

You acknowledge and agree that you understand the terms of this Agreement and that PTS has answered, to your satisfaction, all of your questions regarding your obligations under this agreement.

REGARDLESS OF ANY INSURANCE COVERAGE THAT I MAY HAVE, I AGREE THAT IT IS MY RESPONSIBILITY TO PAY MY BALANCE, AND I WILL PAY ANY BALANCE DUE.

Signature _____ Date _____

Printed Name of Patient _____