

## Patient Financial Policy

Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Patient/Family agrees to pay for all portions of services due in full at the time services are provided by our office.

### Patient Financial Class Policies:

You are required to present a valid insurance card at every visit and as needed throughout your care.

Commercial Insurance Carriers: We bill most insurance carriers for you if proper paperwork is provided to us. Any outstanding balances, co-payments and deductibles are due prior to checking in for your appointments. Since your agreement with your insurance carrier is a private one, we do not routinely research why an insurance carrier has not paid or why it paid less than anticipated for care. If an insurance carrier has not paid within 60 days of billing, fees are due and payable in full from you.

Medicaid: Our office is a Medicaid participating provider and we will bill Medicaid for you. Any outstanding balances, co-payments and deductibles are due prior to your appointments.

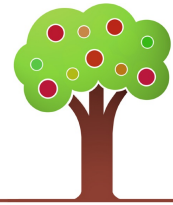
### Methods of Payment:

Our office accepts the following payment methods:

Cash, Personal Checks, Credit Cards and Debit Cards

Missed Appointments: We have a *twenty-four (24) hour notification cancellation policy*. Every client is important to us and prior to each session your therapist spends valuable time planning the specific activities and goals for that day's session. Failure to provide adequate notice will result in a **\$25.00 No Call No Show fee**. It may be possible to arrange a make-up session if requested by you and if there is an opening in the therapist's schedule.

In addition, if sessions are cancelled for any reason for three or more consecutive weeks, your child will be removed from the schedule and placed on our waiting list in order to allow another child waiting for therapy services to be scheduled. After the extended leave, Apple Tree Therapy Services does not guarantee the same day and/ or time of therapy prior to the leave but we will do our best to reassign a therapy day and time when it becomes available on the therapist's schedule.



Returned Checks: For returned checks, we assess a \$25.00 NSF charge, and report to the local district attorney's office checks that are not paid within 2 weeks of being returned to our office.

If not paid according to the terms the patient understands that our office reports to an outside collection agency. In the event that your account is turned over for collections patient agrees to pay all additional fees assessed in the collection of the debt. These fees include collection agency fees and attorney fees.

The patient/family is ultimately responsible for all fees for services. I have read, understood and agreed to the above financial policy for payments of professional services.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_