

Child's Nature, LLC

Pediatric Therapy Services

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Financial Policy

Payment for services in due in full at the time of services. If you are self pay, please make a payment the day of your service. We are happy to provide you with a superbill to provide to your insurance.

We are in network with select insurance carriers. If we are billing insurance, you are responsible for any deductible, co-pay, co-insurance, out of network expenses and non-covered services as outlined in your insurance plan and listed on your EOB. **Co-pays are due at the time of service.** (Child's Nature will submit private insurance co-pays and deductibles to EI for Early Intervention Participants).

Missed appointments must be cancelled at least 3 hours in advance of the session. You need to contact your therapist directly for all cancellations. If you cancel or don't show to an appointment without proper notice, there will be a **\$60 fee** which must be paid by your next scheduled appointment.

Payment by check is preferred. Checks can be left at the office or mailed to 120 Eastgate Dr. Washington, IL 61571.

Accounts with outstanding balances may be put on hold. Child's Nature cannot guarantee that your therapy space will still be available once your bill is paid. For questions about your account, please contact office@childsnature.org

Your timely payments help us focus on providing quality therapy. **Thank you for your cooperation and support!**

Parent Signature

Date