



Patient Name: _____ Date of Birth: _____

Thank you for choosing Impressions Pediatric Therapy for your child's therapy needs. Our mission at Impressions Pediatric Therapy is "helping you, help your child, achieve his or her goals".

Insurance Benefits:

It is not the responsibility of Impressions Pediatric Therapy to quote your insurance benefits. It is your responsibility to know and understand your benefits and address with your insurance company, any questions you may have pertaining to your benefits. Impressions Pediatric Therapy does contact your insurance company for a quote of benefits but this is not a guarantee of payment or coverage. We are not party to your contract or changes within that contract. We will not become involved in disputes between you and your insurance company regarding deductibles, copayments, covered charges, "usual and customary" charges, etc. other than to supply factual information as necessary.

Filing Insurance:

As a courtesy, Impressions Pediatric Therapy will file a claim to your primary insurance carrier on your behalf. However, you are ultimately responsible for payment of your bill. As stated earlier, your insurance policy is a contract between you and your insurance company. Impressions Pediatric Therapy will call on any unpaid claim(s) at least every 30 days. The family should call at least monthly to be sure claims are received and being processed. After 60 days, Impressions Pediatric Therapy will inform patients of unpaid claims. After 90 days without payment, the family will be responsible to begin paying on their account balance and private pay future appointments in order to remain on the treatment schedule. If a claim has been denied and is going through the appeals process, the family must begin paying on the balance and private paying new treatment sessions. As the client, you agree that if you default on any balance owed to Impressions Pediatric Therapy and it becomes necessary for Impressions Pediatric Therapy to engage the services of an attorney, collection agency or other lawful method of collection, you, the client, will pay the original balance owed and reimburse Impressions Pediatric Therapy for all costs incurred by the collection of said debt.

Copays, deductibles and coinsurance:

All copays are due at the time services are rendered. If your policy has a deductible, that has not been met, we collect a \$50.00 payment at each appointment until the first Explanation of Benefits (EOB) is received from your insurance company. Any balance they have left for that date, you will have to pay at your next appointment. Any deductible and/or coinsurance amount is due upon receipt of the EOB in our office, at your appointment. For your convenience, we accept Visa, MasterCard and Discover in the office and over the phone. We can also keep your credit card on file.

I give my consent to any appropriate and medically necessary procedures, medication, services or therapies that would be included in the treatment as required by the primary care physician or supervised staff for the above named person.

I understand and acknowledge that I am financially responsible for all charges incurred during treatment at Impressions Pediatric Therapy, whether or not paid by insurance, rendered for the above named person.

The adult accompanying the patient is responsible for payment, for that day. We do not get involved in custody or other financial arrangements between parents. We will provide a receipt, if needed, so you can collect from another party.

Parent/Guardian Signature _____ Date _____

Print Name _____