

Please refer to our Verification of Benefits Guide that has been designed to help you understand your insurance policy's benefits for the outpatient occupational therapy and/or speech therapy services your child receives at BOOST Kids.

Any service rendered at BOOST Kids that is not covered by your child's insurance plan, will be the responsibility of the "responsible party"

We will verify insurance eligibility within 1 week of scheduling your child's evaluation. We do not verify insurance eligibility on a daily or weekly basis. If your child receives services on a date or multiple dates when they do not have active insurance coverage, the "responsible party" will be responsible for all charges at our private pay rates.

We will make at least 3 attempts to contact you via phone and e-mail to collect for any outstanding balances. Any outstanding balance greater than 6 months may be sent to a collection agency. In the event that the account would need to be assigned to an outside collection agency, all associated fees, such as, but not limited to: reasonable collection fees, attorney fees, and court costs will be the responsibility of the "responsible party".

Client Name: _____ **Date of Birth:** _____

The responsible party for services rendered at BOOST Kids is:

Legal Name: _____

Relation to Client: _____

Date of birth: ____ / ____ / ____ SSN: _____

Address: _____ Ste/Unit: _____

State: _____ Zip: _____

I understand that services not covered by my child's insurance plan at the time of service, will have to be paid in full by the responsible party listed above.

If my child has a change of insurance, I will provide BOOST Kids (by email or in person) with the new insurance number and insurance card as soon as possible to avoid unnecessary private pay charges. If our office is not provided with the new insurance information (including policy holder name, date of birth and ID numbers) within 30 days of the new insurance plan's active date, "responsible party" will be responsible for all charges incurred during that time period.

Parent/Guardian Signature: _____ Date: _____