



Payment Agreement

Your insurance will not be billed through *Lighting the Way Pediatric Occupational Therapy Services, LLC*. You may contact your insurance provider yourself to verify if they will reimburse for out-of-network outpatient occupational therapy services.

You are responsible to pay the full amount on the date of service. If you do not pay the full amount on the date of service, *Lighting the Way Pediatric Occupational Therapy Services, LLC* has the right to dismiss your child from occupational therapy services at any time.

OT evaluation: \$200.00

OT re-evaluation (annual): \$175.00

1 hour OT treatment: \$150.00

30 minute OT treatment: \$75.00

I have read the above information and agree to abide by *Lighting the Way Pediatric Occupational Therapy Services, LLC* payment agreement and accept all terms and conditions.

Child's name

Parent or Guardian Name

Date

Parent or Guardian Signature