



## SERVICE AGREEMENT

1. All co-payments are due either at the time of service, or billed on a monthly basis as long as invoices are paid in full and within 30 days. Co-payments can be paid by cash or check. 1.5% interest will be charged on invoices over 60 days. NOTE: In the event that any unpaid balance is placed for collections a fee of 35% of the unpaid balance will be added to the total amount due.
2. It is the patient/parent/guardian responsibility to inform Advance Therapy of any and all changes in insurance and or reimbursement for services. This includes, but is not limited to group policy number, identification number, phone numbers, and address. Failure to do so could result in patient/parent/guardian responsibility for charges.
3. If requested, Advance Therapy will seek reimbursement from the patient's insurance company, for therapy services rendered. Advance Therapy will help with verification of benefits under the patient's insurance policy, however, the policy holder is ultimately responsible for obtaining and understanding covered services and exclusions. In the event that a claim is not reimbursed by the insurance company, the parents or guardians are liable for payment.
4. Cancellation Policy: If the need arises to cancel a scheduled treatment session, we request notification as soon as possible, but no later than 9:00am on the treatment day. We allow one cancel in every six sessions. If cancellations exceed this limit we require rescheduling of missed sessions in order to avoid losing preferred session times. If there are frequent cancellations without rescheduling, the therapist may need to make a change in the treatment frequency or current schedule. By rescheduling missed/cancelled appointments families will avoid a \$50.00 per session "no show" charge. This charge is not reimbursable by third party payers.
5. As a privilege, Advance Therapy allows parents/guardians to leave the premises during their child's appointment time. However, they must return 15 minutes prior to the end of the treatment session. Failure to respect these guidelines will result in a \$50.00 charge and requirement for parents/caregivers to remain on site.
6. In the event of an emergency, Advance Therapy staff should know how to contact the parent/guardian by phone. We will call 911 if there is an emergency beyond our scope of reasonable first aid.
7. During treatment sessions, therapists will assist clients as needed with toileting and will coordinate with caregiver to provide supplies such as diapers and wipes.
8. Advance Therapy offers and/or engages in the following:
  - a. Tours of the facility during open hours to prospective patients, vendors, physicians, employee candidates and therapy students. These may occur during your child's therapy session.
  - b. Video taping, audio taping and photography exclusively for treatment purposes. These are used by therapists only and will remain confidential.
  - c. Parents/guardians to participate in their child's treatment sessions.

**By signing this form you are agreeing to the terms and conditions as listed above.**

Name of Patient: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_